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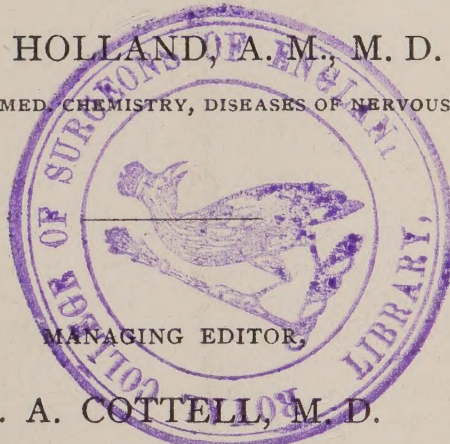
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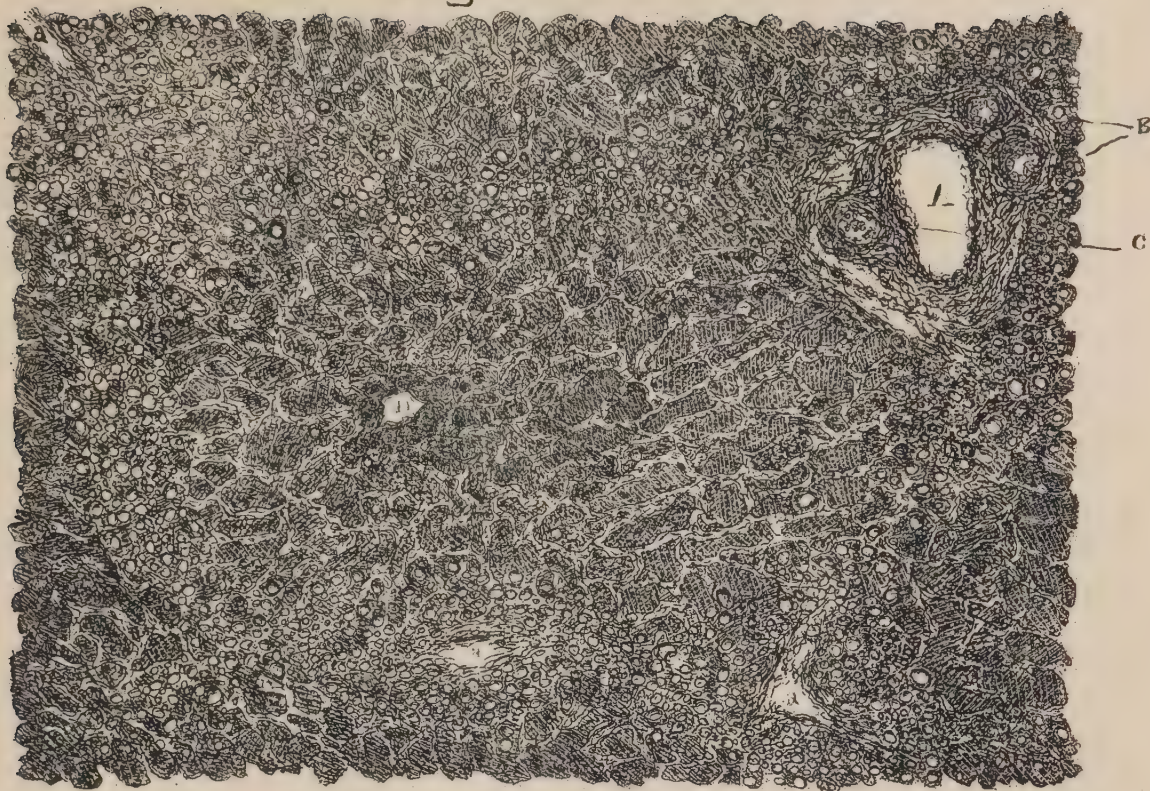
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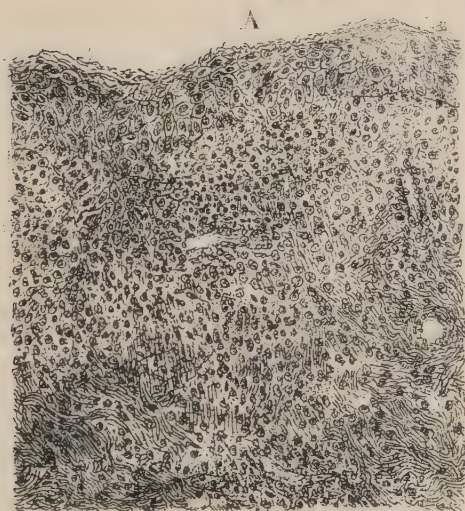
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Fig. I



III



II



**Fig. I—Section of fatty liver in infantile entero-colitis.**

A. a. a. Portal veins. B. Bile ducts. C. Hepatic artery. D. Intra-lobular vein. (Hartnack: Ocular, No. 3; Objective, No. 4).

**II—Section of skin from a non-syphilitic chancroid of the labia majora.**

A. Rete mucosa. B. Corium. C. Subcutaneous tissues. (Oc., 4; Obj., 5).

**III—A. Section of skin from a papillary syphilide. (Oc., 4; Obj., 4).**

B. Cells from the non-syphilitic chancroid. C Cells from indurated chancre. (Oc., 4; Obj., 7).







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R. O. COWLING, A. M., M. D., . . . . . Editor.  
H. A. COTTELL, M. D., . . . Managing Editor.

## THE USE AND ABUSE OF CHLORATE OF POTASSIUM IN DIPHTHERIA.

Dr. A. Jacobi, in his late treatise on Diphtheria, fixes the places which in his estimation the chlorate of potassium holds in the treatment of this disease, and reiterates and emphasizes the warnings which he gave over twenty years since against the immoderate use of this drug. Both the chlorate of potassium and the chlorate of sodium he regards as prophylactics and not as curative agents in diphtheria. Their power lies in their sway over the stomatitis and pharyngitis which exist so largely during an epidemic of diphtheria, and which, as he says, "must be referred to the epidemic sometimes as kindred diseases and sometimes as introductory stages only, which, however, do not, or do not yet, show characteristic symptoms of the disease." Such cases as these, whether due to the epidemic or not, demand the exhibition of chlorate of potassium; and "genuine diphtheria complicated with a great deal of stomatitis and pharyngitis," which is usually the state of affairs, also indicates its use; and its indication is here of scarcely less importance, because the diphtheritic exudation will spread with difficulty over the healthy surface, but attacks eagerly a surface denuded of its epithelium by catarrhal inflammation. So it happens with this preventive design Dr. Jacobi employs the chlorate of potassium or of sodium "in almost every case" of diphtheria.

The doses of chlorate of potassium rec-  
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ommended by Dr. Jacobi are—for a child one year old, *a scruple* during twenty-four hours; at two or three years of age, *half a dram*; and for an adult, not more than *a dram and a half or two drams* during that period. He deems it of great importance that these limits should not be exceeded. Where the general effect of the drug is aimed at, the daily modicum may be divided into occasional doses; but for local effect it must be kept in almost constant contact of the parts. For this purpose he says "it is better that the daily quantity of twenty grains should be given in fifty or sixty doses than in eight or ten"! This is a slightly impracticable prescription perhaps, but it illustrates the views taken by Dr. Jacobi concerning the dangers of the indiscriminate use of the chlorate of potassium in fixing so specifically the laws of its dosage. He says, in fact, that he thus emphasizes the matter because of the attempts to introduce chlorate of potassium as the main remedy in diphtheria, and, "what is worse, in large doses." Seeligmüller gives to children three years old half an ounce daily. Weigert recommends six drams. The former modified his practice to some extent in later years, when he found that chlorate of potash might act injuriously on the heart. So, too, may it interfere with digestion; and if there is one disease which demands nutrition and conservation of nerve-force, it is diphtheria.

Dr. Jacobi follows with a number of cases where death came from overdoses of the chlorate of potassium; "a tablespoonful," "six drams," "an ounce," "a strong solution" being the quantities mentioned; taken



sometimes by mistake, sometimes what was intended as a gargle used as a drink. Three drams taken in one day killed a child three years of age in twenty-four hours (J. Lewis Smith), the child discharging "only a few drops of bloody urine." Dr. Fontain, of Iowa (Alfred Stillé), experimenting on himself with an ounce and a half of chlorate of potassium, died in a week of nephritis and enteritis. Nine cases of death in all are reported by Seeligmüller, Lacombe, Ferris, Stillé, Smith, Jacobi, Kracowizer, and Kuster, and several others which came nigh to death's door from chlorate-of-potash poisoning. Dr. Jacobi, in his conclusion to this part of his subject, says:

After all the previous remarks, the practical point I wish to make is this, that chlorate of potassium is by no means an indifferent remedy; that it can prove and has proved dangerous and fatal in a number of instances, producing one of the most dangerous diseases—acute nephritis. We are not very careful in regard to the doses of alkalies in general, but in regard to the chlorate we ought to be very particular. The more so as the drug, from its well-known either authentic or alleged effects, has risen, or descended, into the ranks of popular medicines. Chlorate of potassium or sodium is used perhaps more than any other drug I am aware of. Its doses in domestic administration are not weighed, but estimated; it is not bought by the dram or ounce, but by the ten or twenty cents' worth. It is given indiscriminately to young and old, for days or even weeks, for the public are more given to taking hold of a remedy than to heed warnings. Besides, it has appeared to me that acute nephritis is a much more frequent occurrence now than it was twenty years ago. Chronic nephritis is certainly met with much oftener than formerly, and I know that many a death-certificate ought to bear the inscription of nephritis instead of meningitis, convulsions, or acute pulmonary edema. Why is that? Partly, assuredly, because for twenty years past diphtheria has given rise to numerous cases of nephritis; partly, however, I am afraid, because of the recklessness with which chlorate of potassium has become a popular remedy.

The words of the great clinician should be well considered.

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FIVE years ago today, and on a Saturday morning too, the NEWS started out on its way through the world. So far its journey has been tolerably successful. It has had its

jostlings and its crossings, seen something of the neglect and ingratitude and rebuffs of this wicked world, but after all its condition is quite cheerful. As it looks back it thinks that if it encountered rudeness at any point perhaps itself was not always over-polite; that if at any time it did not meet with the recognition it thought its due, possibly it demanded too much. Mayhap not every one it met knew what a charming good fellow it supposed itself to be. At any rate, taking fresh start this breezy, wintry morn, with score settled, flushed with hope and steadied with some conceit, all that is disagreeable passes from its mind. It remembers only the cheery faces, the hearty handshakes, the kindly words, and the warm hearts it has met with by the way, and these it looks for again.

If its fortune in worldly goods be not so great as it thinks its deserts should demand, may be many a worthy wayfarer along the same road is no better off; and it remembers, in fact, a number who used to travel along with it, and now do not, who possibly quit because they were much worse to do. And then does it not see when it rests at night, and takes out its slate and ciphers, how when all they in whose interest it journeys shall fulfill their promises (of course only forgotten for the while), what a snug sum there is in store for it, with which it can settle so joyfully with "mine host," and add to its ruder fare the cakes and ale, which so mellow one's views of human affairs.

And so it determines today to try and be better and stronger, to scan the world around it as it goes more thoroughly, to send out fresher and more important reports, that those who depended upon it before shall do so more and more, and that hosts of others may join them, and all shall say, We must push the NEWS along or we ourselves go back.

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THE NEWS will hereafter be under the editorial care of Dr. R. O. Cowling. Dr. H. A. Cottell will assume the position of managing editor.



As was seen in our last issue, Dr. L. P. Yandell has retired from his position as associate editor of the News. It was with deep regret that we learned his determination to do so. To his talents, his industry, and discrimination the News owes much of its present success. His pen has been busy in every original department of the journal, and the selections from contemporaneous literature were chiefly of his choosing. The loss of so useful a colleague would be more severely felt if it were not that it is only his official connection which has been severed. As a contributor, Dr. Yandell will appear oftener now than his former position would admit. Personally the present editor bids Dr. Yandell a sorrowful adieu. The years in which they have been associated were marked by few disagreements concerning the policy of the journal; and they have labored together with a friendship which, starting in the playground a third of a century ago, has known no interruption.

## Original.

### A CASE OF INTESTINAL OBSTRUCTION.

BY J. A. LARRABEE, M. D.

*Professor of Materia Medica and Diseases of Children  
in Hospital College of Medicine.*

A drayman, aged about forty-five years, was seized on Wednesday night with colicky pain in bowels. After feeling well all day and having partaken of the evening meal with his usual appetite, he went out to a corner-pump to get a bucket of water. Pain "took him," as he said, and he went to the privy to get relief. No relief followed, and a physician was called in about midnight, who, under the dominant idea of malaria, prescribed twenty-grain doses of quinine and then left. He took two of the powders, which caused him to vomit and gave him no ease. His suffering becoming unbearable, I was telephoned to come early. When I saw him he had good voice, but his features showed the abdominal lines tightly drawn, and although a very brave man he could not help crying out at times. I immediately sought for and found the tender point with anti-peristaltic gurgle and movement. The

vomiting was by muscular contraction of the stomach, as is seen in infancy without preceding nausea, the water being expelled as from a Davidson syringe, a point of some considerable importance in the diagnosis of obstruction.

Dr. Cowling saw the case with me, and after a careful examination he agreed with me both as to diagnosis and site of the constriction or obstruction. The distended intestinal coils were plainly visible across the abdomen, and the gurgle perceptible to the hand from the anti-peristaltic action. It was agreed to continue the opium previously prescribed, and to reinforce its action by hypodermic morphia should pain become severe. A hot linseed-meal poultice was applied over abdomen. At next visit I found that the patient had been comparatively easy; still, however, ejecting fluids as soon as swallowed. Countenance somewhat less pinched and anxious. Thermometer placed in axilla registered 99°. At my morning visit patient presented anxious expression and was quite pale. Intestinal folds visible as before over abdomen; takes fluids eagerly, and in a few moments ejects all with force. Pain not so violent in character.

It was now agreed that an attempt to relieve the incarcerated gut be made, to accomplish which gentle but persistent hydraulic pressure was resorted to, and in order that he should be annoyed as little as possible a fountain syringe was used. Messrs. Smith and Fisher remained with the patient for several hours, during which time about six quarts of water had entered the intestine from below upward, the body being placed so that none had escaped. At this point considerable pain was felt, but no relief. This injection was still retained at the time of my evening visit. The abdomen was also found to be distended with gas; tympanitis and borborygmus present. The vomited matter was semi-fecal.

Pain had increased, and at times he vomited, as on the previous day; countenance decidedly pinched; thermometer registered 104.7°, which in the morning (taken by Dr. Cowling) was 98.5°.

On account of this sudden but not unexpected change for the worse, the evening consultation was hurried. At this time the question of gastrotomy was discussed, but with mutual consent was set aside. With a view to relieving the gaseous distension of the intestines, plainly visible through the abdominal parietes, the needle of the aspirator was plunged into the intestine and the



air-pump attached. Seven pints of odorous fluid were withdrawn. On withdrawal of the needle a desire was felt to pass stool, which we hailed with the hope of relief. Some of the water which was injected into the lower bowel during the day passed, but no fecal matter. He now began to complain of severe pain, notwithstanding he was just emerging from the anesthetic, and had three quarters of a grain of morphia hypodermically. I last heard from him alive at 8 P.M. Two hours after operation he was in great agony, and died before relief could be given to him.

The post-mortem examination showed intestines enormously distended with fluid and gas, so that it was with great difficulty the seat of the obstruction could be found. The end of the appendix vermiformis was black and swollen, and was attached firmly to the abdominal walls. In the loop thus formed lay two folds of the ilium, in double twist, black and mortified. The intestine for six or eight inches leading to the constriction was deeply congested. The cecum also was dark and contained feces. Within the appendix was some hard substance, the nature of which was not made out.

From this case the following deductions may be drawn:

1. There was a previous inflammatory trouble involving the appendix vermiformis, as a result of which that portion of the cecum became firmly adherent to the abdominal wall. This was marked by soreness and localized peritonitis, which lasted one week, and was not treated by a physician. Five weeks now elapse, during which time he frequently spoke of an uneasy feeling, which he located about the navel. He then, after eating a hearty supper, goes to the pump to get a supply of water before retiring. In pumping he throws the loop of intestine through the ring-like opening made by the adherent appendix and the cecum. Immediately peristaltic action is excited, and the desire to stool was so strong as to be irresistible, causing him to put down his buckets of water and hasten to the privy. No stool is passed, but violent colicky pain commences with anti-peristalsis, soon producing vomiting, which symptoms are steadily kept up to the time of his death on the fourth day.

The lesson taught by this case concerning the operation for gastrotomy is exceedingly profitable.

2. The diagnosis in this case was made sufficiently early (at the first visit), and strength-

ened by the symptoms from hour to hour as the day passed on. The site of the obstruction was also marked out and proved by post mortem to be correct. The point selected for puncture was also correct, and the puncture shown to be in the middle of the caliber of the intestine, nevertheless the section-cadaveris showed conclusively the utter impracticability of gastrotomy for relief, as it would have been quite impossible to reach the strangulated and congested intestinal loop without most unwarrantable extension of the incision and handling of the intestine and its peritoneum.

3. The fluid withdrawn might at first be considered as a move in the right direction, as the further abstraction of fluid through the same aperture caused the incarcerated and blackened loop to slip back from its bands, but an after consideration will, I think, cause serious reflection upon the propriety of such a proceeding. In the first place it is practically impossible to remove the fluid or gas in the intestinal coils away from the site of the puncture. Seven pints of the contents of the distended ilium were removed, when fluid ceasing to flow the aspirator was withdrawn.

In the next place the distension of the gut from the point of constriction prevents the closure of the aperture, which continues to pour out gas and fluid into the peritoneal cavity. At the post mortem this aperture was readily found, and upon disturbing the coils of intestine fluid *injesta* poured out in a stream through the opening. The abdomen was filled with the same fluid, which was exuded before death.

Whatever, therefore, may be said as to the harmlessness of aspiration in other vital parts, this much is certain, that puncture of the intestines under these or similar conditions is not only unnecessary, but positively unwarrantable. The puncture of the intestine, as shown in the section-cadaveris, was most successfully performed as to the best point and correctness of puncture, being in the center point of the circumference, and not transfixed, it would be a difficult matter to do as well a second time, as it is by no means an easy matter to puncture an intestinal fold through the abdominal wall, the resiliency of the gut prevents the introduction of the needle, rendering it very difficult if not impossible.

In conclusion, permit me to say that I have had a somewhat unusual experience in obstructive diseases of the intestines, and I would be glad to be able to give a summary



of a score of cases. I am, however, able to give note of fourteen, beside the present case, which have fallen under my personal observation, and in which I have diagnosed intussusception. Ten of these cases have been verified not only as to diagnosis, but also as to the site of the obstruction by post-mortem examination. One only by ante-mortem examination, by gastrotomy or laparotomy. One passed from my care into the hands of a fellow-practitioner during treatment. The diagnosis was sustained, and in the course of a few days spontaneous relief was obtained. In another eighteen inches of ileum (strangulated and invaginated by the cecum) passed away by sloughing. Death occurred subsequently by renewed peritonitis, due in all probability to escape of fecal matter into the abdomen. In the fourth case death occurred, but no post mortem could be obtained.

Perhaps this experience may justify me in stating that I believe I am able to diagnose intussusception from fecal impaction with tolerable certainty, and withal I am not willing to take the ground recently taken by Dr. Briggs in his excellent paper as to the hope held out by surgical interference in intestinal obstruction.\* I have never witnessed the slightest benefit from hydraulic pressure, either by means of a Davidson or fountain syringe. The distress is increased by the full injection of water to the capacity of the intestines. I have looked in vain for the promised gurgle of reduction, and am inclined to think those cases relieved by this means have not been correctly diagnosed, and that such cases are fecal impaction or paralytic zone of intestine. I am more fully convinced that true obstruction disease of the intestines is by no means rare in general practice, but occurs with greatest frequency in childhood and age, both of which conditions tend to produce volvulus, twist, and invagination by relaxed tone and flatulent distension. The cases among infants occurring in the convulsion of death not giving rise to symptoms during life are of course not included in this report, and are only accidentally found when post mortem is made for other diseases.

I am also satisfied that the treatment, which indeed amounts to little, is quite as well without medication as with; and I have never found a condition which, save in one case, I considered could have been relieved

by surgical procedure. I would therefore recommend in the first place great care in the diagnosis by long and careful examination of physical and rational signs, especially to insist upon knowing the exact time and manner of occurrence. The elimination of other causes of obstruction is also of great importance. The seat of obstruction may be known to be high up in the small intestine or low in the large bowel by the early or late occurrence of vomiting and collapse. Also by diminished or normal quantity of urine passed. The site may often be fixed upon by the ear fixing the point at which anti-peristaltic action is established. Having determined in any case that there is an invagination or twist, I would advise the following treatment: Looking to the separation of the invaginated or twisted portion, and the preservation of the caliber of the intestine by adhesive inflammation. A forlorn hope it must be in most cases, but I believe as likely to succeed as surgical interference.

The judicious practitioner will of course object to the use of purgatives until he has made his diagnosis, and never yield to the temptation to resort to them after diagnosis of permanent obstruction is settled upon. The abdomen should be smeared with warm oil, to which a little turpentine is added. This should be followed by a large linseed-meal poultice, both of which are to be kept up throughout the case. Thirst is to be relieved by small quantities of water thrown into rectum, but all attempts at hydraulic pressure are not worth trying. Opium by hypodermic or stomach administration is to be steadily kept up, the only guide to dose being the effect upon the patient. A semi-narcotic condition is to be maintained. Peptonized fluid beef may be injected into the rectum if the case continue long enough to require it. The patient is better sustained by opium.

Under this management a twist, a volvulus, incarceration, or invagination of the intestine would result almost certainly in the death of the individual. A similar result would attend, I believe, any attempt at surgical relief after the case admits of little or no doubt as to mechanical obstruction. There is, moreover, a chance which has, I believe, occurred quite as often as instances of surgical relief that the incarcerated portion may slough off, leaving an entire, shortened, and patulous canal. This occurred but once in my own private practice. In such instances the adhesive inflammation set up

\*The reader is referred to the excellent paper on Surgical Treatment of Intestinal Obstruction, by W. T. Briggs, M.D., Nashville, Tenn., read before the Tri-State Medical Society.



around the invagination helps to secure a more perfect union and coaptation of the intestinal ends than could possibly be done with needle should the intestine be found sphacelated. Moreover, in the management should the patient die, as it is expected he would, we have the no small satisfaction that we have not been instrumental in adding to his sufferings by useless and experimental torture. Should the case prove, as must sometimes happen, not to be a mechanical obstruction, these means are best calculated to relieve the impaction.

LOUISVILLE.

## Reviews.

**On the Use of the Cold Pack followed by Massage in the Treatment of Anemia.** By MARY PUTNAM JACOBI, M.D., and VICTORIA A. WHITE, M.D. New York: G. P. Putnam's Sons, No. 182 Fifth Avenue. 1880. Octavo, pp. 76.

The brochure is made up of three papers which appeared in the Archives of Medicine. It contains the account of eleven cases of anemia treated by the "cold pack followed by massage" and other means, and commentary thereon. The "other means" included iron, milk, Leube's extract, cod-liver oil, etc.; and in the absence of other evidence the good results recorded might be ascribed to these well-known agents. But this is what Mrs. Jacobi sets out to do—to estimate what was the part played by the cold pack. She puts it foremost—ranking even above massage, which she has thought sufficiently of to include in the title. Used after the manner of Weir Mitchell, combined with rest and not with the cold pack, she thinks, in fact, that the results of massage have been exaggerated. *Passim* we think it difficult to exaggerate the beneficial results of massage; but Mrs. Jacobi is as fair as could be expected of any *mortelle* who had started out to test by clinical experiment a preconceived idea based on physiological induction—the value of a remedy. She was led to use the cold pack in the treatment of spanemia from the belief that it would tend to increase the rapidity of tissue-metamorphosis, and would be expected to indirectly increase assimilation, and therefore promote absorption of nutritive material from the digestive tract.

The cases reported show in some instances wonderful improvement—increased weight, improved color, restored strength, the return of catamenia after years of absence,

and other results which depend on appetite, digestion, and health. All of these patients had received ordinary tonic and constructive treatment without avail.

The method of the "cold pack" is to envelop the patient in a wet sheet, this surrounded by a dry one, and that by blankets. Six of these are mentioned as being used in one case. These various envelops are to be drawn tightly around the patient's body, and to remain twenty minutes or an hour or more, according to the ability of the patient to stand it. An hour is the usual time daily or every other day. The pack is followed by massage.

The elimination of urea is increased, even doubled, during the administration of the pack, and afterward decreased. The tabular statements showing this fact, together with other results of urinary analysis, figure very largely in the book. Not so the revelations of the hematometer, which strangely enough "circumstances" prevented the exact medics from using.

Dr. Jacobi and Dr. White have done good service in this book. Any one who contributes ought to the relief of the cruelly-abused stomach should be ranked as a benefactor. The "cold pack" has long been a stand-by with the water-curers, for whom we have had a sneaking regard. Mrs. Jacobi has succeeded so well in this instance that we trust she will invade their domains again. There is no telling what virtues lie hid in water, cold or warm, and, with the advantages of a physiological education, what wonders it may achieve in rational medicine!

**Ophthalmic and Otic Memoranda.** By D. B. ST. JOHN ROOSA, M.D., Professor of Ophthalmology in the University of the City of New York, Professor of Ophthalmology and Otology in the University of Vermont, Surgeon to the Manhattan Eye and Ear Hospital; and EDW. T. ELY, M.D., Assistant to the Chair of Ophthalmology, University of the City of New York; Assistant Surgeon to Manhattan Eye and Ear Hospital; Surgeon to Charity Hospital. Revised edition. New York: William Wood & Co. 1880. For sale by John P. Morton & Co., Louisville.

This tiny volume, as large as your hand, is one of the most useful works of its kind that has issued from the press. It is a book especially adapted to the medical student's wants. It is condensed, clear, and inexpensive. Both its authors are eminent in ophthalmic and otic matters. Its senior author certainly stands without a superior in skill and fame.

L. P. Y.



**A Treatise on Therapeutics.** Translated by D. F. LINCOLN, M. D., from French of A. TROUSSEAU, Professor of Therapeutics in the Faculty of Medicine of Paris, Physician to the Hôtel Dieu, Member of the Academy of Medicine, Commander of the Legion of Honor, ex-Representative of the People in the Constituent Assembly, etc.; and H. PIDOUX, Member of the Academy of Medicine, Honorary Physician to the Hospitals, Inspector of Eaux-Bonnes, Honorary President of the Société de Thérapeutique, Honorary Member of the Royal Belgian Academy of Medicine, etc. Ninth edition, revised and enlarged, with the assistance of CONSTANTINE PAUL, Professor Agrégé in the Faculty of Medicine of Paris, Physician to the Hôpital St. Antoine, Secrétaire-general of the Société de Thérapeutique. Vol. III. New York: William Wood & Co., 27 Great Jones Street. 1880. For sale by John P. Morton & Co., Louisville.

All that we have said of the excellences and defects of the previous volumes of this work are applicable to this Vol. III. For practitioners properly grounded in modern medicine it is both interesting and instructive. For medical students it is bad. The average student is far more likely to be led astray by an obsolete book—especially if it be, as this is, the work of a great man and a graphic writer—than he is to be convinced aright by the most earnest teacher. Printer's ink exercises a mysteriously potent influence over the callow human intellect. L. P. Y.

**Text-Book of the Physiological Chemistry of the Animal Body,** INCLUDING AN ACCOUNT OF THE CHEMICAL CHANGES OCCURRING IN DISEASE. By ARTHUR GAMGEE, M.D., F.R.S., Professor in the Victoria University, Manchester; Brackenburgh Professor of Physiology in Owens College. With illustrations. Vol. I. London: McMillan & Co. 1880. For sale by John P. Morton & Co., Louisville.

Physiological chemistry is here considered from a medical and biological standpoint. The chemical composition and the chemical processes relating to the elementary tissues of the body are very thoroughly treated. This volume is complete in itself, though the author proposes to bring out a second volume within the year. Dr. Gamgee occupies a position of distinction in his own country, and his reputation, by no means inconsiderable in America, will be greatly augmented by this scholarly and learned work. L. P. Y.

THERE is much sickness in Rome. An applicant to a community of French sisters, who attend the sick, for a nurse was informed that every sister was already engaged.—*Brit. Med. Jour.*

## Books and Pamphlets.

ANNUAL REPORT OF THE SURGEON-GENERAL OF THE UNITED STATES ARMY. 1880.

BIENNIAL REPORT OF THE DIRECTORS AND WARDEN OF THE KANSAS STATE PENITENTIARY, TO THE GOVERNOR OF KANSAS, FOR THE FISCAL YEARS 1879 and 1880.

REPORT OF THE BOARD OF HEALTH OF THE STATE OF LOUISIANA, FOR THE YEAR 1880. Containing Report of Joseph Jones, M.D., President, together with Official Correspondence, with National and Local Boards of Health, and Quarantine and Sanitary Rules and Regulations of the Board of Health of the State of Louisiana.

ON A CASE OF ANEURISM OF THE SUBCLAVIAN ARTERY TREATED BY AMPUTATION AT THE SHOULDER-JOINT AND THE INTRODUCTION OF NEEDLES INTO THE SAC. By Christopher Heath, F.R.C.S., Holme Professor of Clinical Surgery in University College, London, and Surgeon to University College Hospital. Read January 27, 1880. From Vol. LXIII of the Medico-Chirurgical Transactions, published by the Royal Medical and Chirurgical Society, London.

## Miscellany.

**FILARIA DISEASE.**—The parasitic theory of the causation of elephantiasis has been subjected during the last two years to a considerable amount of criticism, favorable and unfavorable (*British Med. Journal*). It has been accepted by some, and those the best acquainted with tropical disease, as supplying the key of what before was mysterious and a sealed book; others again have suspended judgment in the matter, considering the evidence not yet complete; while a third section, including eminent pathologists, such as the late Dr. Tilbury Fox, deny it altogether. In the eighteenth issue of the valuable half-yearly medical reports of the Chinese Imperial Maritime Customs, lately received from Shanghai, Dr. Manson, of Amoy, who is well known as one of the most earnest workers in this field of pathology, gives a striking account of his further researches into the question. Perhaps the most remarkable of his results has been the discovery of the periodicity observed by the embryo of *Filaria Bancrofti* in the blood.

He observes that it had always seemed strange to him that the *filaria sanguinis hominis* had escaped observation in the blood until Lewis found it there in 1872. "One would think there were hundreds of workers in India, and in different parts of the tropical world, who must have searched the



human blood in the aggregate thousands of times; and, notwithstanding this, the parasite, which in some places is present in every tenth individual, was overlooked or never found for so many years." The explanation of this Dr. Manson now offers. Most workers with the microscope pursue their investigations during the hours when the light is good; that is, during the day. Dr. Manson shows that this is the wrong time to look for *filariæ*. Finding that different results were obtained by his assistants according as they worked during the day or after dark, he made a systematic examination every four hours of several patients, with the view of ascertaining if this periodicity was maintained in every case. Examination of the patients in this way showed that unless there is some disturbance, as fever, interfering with the physiological rhythm of the body, *filaria* embryos invariably begin to appear in the circulation at sunset, and their numbers increase gradually till about midnight; during the morning they become fewer by degrees, and by nine or ten o'clock in the forenoon it is a very rare thing to find one in the blood. Till sunset they appear to have completely deserted the circulation, but with the evening they come again, to disappear in the morning, and so on with the utmost regularity every day, and from day to day. The circle is completed every twenty-four hours, and there are no longer spells of absence than from morning until evening. For the meaning of this Dr. Manson thinks we have not far to look. "The nocturnal habits of *filaria sanguinis hominis* are adapted to the nocturnal habits of the mosquito, its intermediary host, and is only another of the many wonderful instances of adaptation so constantly met with in nature."

The conclusions at which Dr. Manson arrives, after his study of the subject, are the following, which deserve serious attention: The parent *filariæ* live in the lymphatics. This is proved by their young and ova being found there even when absent from the blood. They do not live in the glands, but in the lymphatic trunks on the distal side of the glands. (Lewis and Bancroft found *filariæ* in tissues some distance from any glands.) They are oviparous. The eggs are carried by the lymph-current to the glands; and, being too large to pass ( $\frac{1}{500}'' \times \frac{1}{750}''$ ), they are arrested there till hatched. After hatching, the free embryo passes along the lymph-vessels and enters the general circulation. Resting in some organ during the day, it circulates with the blood during the

night, whence the mosquito abstracts it and acts as its intermediary host. In certain cases the ova or embryos produce obstruction of the lymph-circulation through the glands, either directly by their size or indirectly by causing inflammation. If the obstruction be partial, varicosity of glands and of afferent lymphatics result; but by means of the anastomoses the lymph-circulation is continued, carrying the embryos with it into the blood. Lymph-scrotum, or chyluria, or varicose groin-glands, with hematozoa, are therefore the symptoms of partial obstruction of the lymphatics. If the obstruction be complete, one or the other of two things happens: 1. The accumulating lymph so distends the vessels that they rupture, and a lymphorrhagia results, which is more or less permanent. In this case the lymph does not quite stagnate; but being able to circulate, though in a retrograde manner, it remains fluid. The symptoms of this form of obstruction are therefore lymphorrhagia from scrotum or leg, varicose glands, and *filaria*-embryos in glands, and perhaps in discharged lymph, *but none in the blood*. 2. If the lymphatics fail to rupture, there is a complete stasis of lymph, and excessive accumulation in the tissues upon the distal side of the glands; solidification of the glands and tissues and elephantiasis result. No embryos are found in the blood, as none can pass the glands; and the parent worm or worms probably die choked, so to speak, by the stagnant and organizing lymph and their own young. Consequently in pure elephantiasis, as a rule, no embryos can possibly be found in the blood or in the lymph of the glands.

A SIMPLE EXPLANATION.—Dr. John Brown, of Edinburgh—he who introduced us all to dear Rab and his Friends—tells the following anecdote: Walking through the grounds of a lunatic asylum one morning he was accosted by one of the inmates. "You don't know me," said the lunatic. "No," said Dr. Brown; "who are you?" "I am Moses, the lawgiver," he replied. Expressing his pleasure at meeting the distinguished legislator, Dr. Brown continued his walk, and after a while fell in with the lunatic again. "You don't know me," he said. "No," said Dr. Brown again; "who are you?" "I am the Emperor Napoleon," he answered. "But," said Dr. B., "it was only fifteen minutes ago that you told me you were Moses, the lawgiver." "Certainly," replied the lunatic; "*that was by another mother?*"



**THE INFLUENCE OF MUSIC ON THE CIRCULATION.**—The following are the conclusions drawn by Dogiel as the result of his experiments (British Med. Journal):

1. Music has an influence on the circulation, both of men and of animals. 2. The blood-pressure rises at one time and falls at another. These variations depend chiefly on the influence of the auditory stimulation on the medulla oblongata, which seems to have a connection with the auditory nerve. 3. The action of musical sounds and whistling upon animals and man is chiefly expressed by acceleration of the cardiac contractions; hence the automatic cardiac ganglia act more energetically. 4. The variations in the circulation coincide with the changes in the respiration, although they may be observed to take place independently of the variations in the respiration. 5. Strychnine increases the action of auditory impressions upon the circulation; while curare, chloral hydrate, alcohol, and morphia (in a certain stage of the narcosis) diminish it. 6. The variations in the circulation are dependent upon the pitch and loudness of the tone, and also on its *timbre*; but they depend also on the individual constitution of men and animals; and in the case of the former the nationality plays an important part.

These results are just what may have been expected from a consideration of our knowledge of the effects of stimulation of other sensory nerves. These facts confirm the correctness of the views of Aristotle, Plato, and Pythagoras as to the necessity of the cultivation of music by children; and they indicate that music may be useful as well as injurious in certain diseased conditions in men.

**BISHOPS AND DOCTORS.**—I am not ashamed to say I have a son a doctor.—*Speech of the Bishop of Liverpool to medical men.*

How kind of the Bishop, and how patronizing,  
And yet to his Punch 't is a little surprising  
That, speaking to medical men there in session,  
He dared speak of shame and a noble profession.  
A bishop looks after our souls, but how odd is  
The sneer that's implied at the curers of bodies;  
For surely it would be no hard task to fish up  
A hundred brave doctors as good as the Bishop.  
—*Punch.*

**DEATH OF SIR BENJAMIN C. BRODIE.**—Sir Benjamin Collins Brodie, the second baronet of that name, late Professor of Chemistry in the University of Oxford, died, November 24th, at Torquay, Devon, in the sixty-fourth year of his age.—*Brit. Med. Jour.*

**THE ELECTRIC LIGHT.**—The electric light is once again coming into the prominent notice of Londoners, who, except on Waterloo Bridge and along the Embankment, have lately had small opportunities of seeing it in action. It has for a time been employed for lighting the Victoria Station of the District Railway, and the results have been so far successful that it is to be brought into immediate use also at Charing Cross Station, and shortly after at Earl's Court. The system under trial at these places is the Jabloch-koff.—*Med. Press and Circular.*

**BARTHOLOW'S PRACTICE OF MEDICINE.**—We are sorry to see that the author has had occasion to say in his "preface," "With one or two unimportant exceptions, I have had personal charge of the maladies treated of in this work, and have made them the subject of clinical demonstration *and post-mortem investigation, either privately or in public lectures.*" The portion of the sentence we have italicized we are confident the author wrote without fully weighing his words.—*Virginia Med. Monthly.*

BROMIDROSIS the Germans more graphically call "stinking foot-sweat," says the Boston Medical Journal.

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## Selections.

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**Food and Drink.**—James Alex. Russell, M.A., M.B. etc. (Medical Press and Circular):

Dr. Russell prefaced his address by stating that food was required for three chief purposes—to replace the waste continually going on of the body; to supply and maintain warmth or animal heat; and to supply force for performing work. Their sources of food were mainly from the animal and vegetable world. In that they differed from the plants, which could take up the ultimate elements and convert them into food for themselves. It was possible that they might eventually have the power of building up the body with elements that just now were furnished to them by either the animal or vegetable world. He looked forward to the time when their chemists, by synthesis of the elements, would be able to give them the elements of their food prepared without the intervention of plants or animals. It was easy to resolve the food into its original elements, but difficult to build them together again. This the lecturer showed experimentally by extracting the water out of sugar, and leaving as residue only the black carbon. Now, if chemists were able to put water and coke together so as to make sugar, they should, instead of going to the West Indies, go to their own coal-mines for their sugar. The chief elements in their food were five in number: (1) water, (2) albumen or albuminoid substances, (3) sugar and starch or carbo-hydrates, (4)



fats, and (5) salts. Albuminoid substances were found in a concentrated form in meat; it was contained also in certain vegetables, but then it was not so accessible to them. Containing, as they did, a large proportion of nitrogen, the function of albuminoid substances was to repair the tissues of the body. It alone had that power. If animals were fed on food that had not albuminoid substances in it, they lost health and died of what physiologists called nitrogen starvation. Fats, although not tending directly to the building up of the body, were one of the great sources of animal heat and force for performing work, and they also tended to promote the digestion of other elements of diet. Butter was the most agreeable way in which fat could be taken by itself; and the lecturer also commended "butterine," which was made from mutton suet and milk, as a cheap and efficient substitute for the poorer classes for butter itself. The carbohydrates had no nitrogen in them, and therefore could not nourish the tissues of the body; but within the body they were changed into fat, and largely assisted in the supply of heat and force. Starch in a raw condition required to be cooked before it could be digested by man, because the granules required to be broken before the gastric juices could act upon them. Starch was largely digested by the active principle contained in the saliva of the mouth; and therefore it was very important that farinaceous food should be slowly masticated in the mouth—not for the purpose of breaking it down so much as for the purpose of intimately mixing it with the saliva, the active principle in which rapidly changed it into the form of sugar. As infants up to the age of seven months hardly secreted any saliva, when they were crammed with corn, flour, or other farinaceous foods it meant that they got something which they could not digest. The consequence was the high death-rate of infants of that age. All were aware how necessary salt was in promoting good digestion. The lecturer next pointed out the necessity there was for not only having all these elements present in food, but present in certain proportions, and remarked that there was no one article of food he was aware of in which they were perfectly balanced except milk, and that was only for young people. Milk was not a properly-balanced diet except for young people. It contained too much nitrogen for elderly people. Young growing people, however, required more nitrogen than grown-up people. Where people lived on an unbalanced diet, the quantities they required to eat of, say, either bread or meat alone to get the balance was enormous. That was one of the reasons why the natives of the Arctic regions and of Africa could eat so much flesh. The proportions required were: albuminoids two and a half ounces, fats one ounce, carbo-hydrates twelve ounces, salts one half ounce. One pound of water-free food was required daily to sustain healthy life. An unbalanced diet was productive of serious diseases.

Gout in the rich was the result of an excessive nitrogenous diet, taken in the form of too much flesh. The poorer classes, on the other hand, suffered from a diet containing too much carbon. Diet also required to be modified in accordance with the work. That which sufficed for health in idleness would not suffice for health under a stress of labor. Thirty-one ounces of water-free food was required for men who had to do hard work; thirty-five to forty ounces for very hard work, or as much as men could do. The mistake made in the Crimea was in sending men there to do hard work on the same diet as was found

quite satisfactory for them at home doing nothing. That to the country, as they knew, was a costly dietetic experiment. Among all force-producing articles oat meal was placed at the head. Great political facts sometimes depended on dietetics. He heard a celebrated politician and chemist say, in reference to Ireland, that the human stomach was just capable of digesting a sufficient amount of potatoes to keep an Irishman living in idleness, but that it was not capable of digesting the quantity required to enable him to do any work. He wished to mention one fact in regard to milk diet for the young—that it had been determined by experiment that children grew exactly four times as fast when fed on milk as when fed on tea or coffee.

Speaking to the question when should food be taken, Dr. Russell recommended that working people should take their food before beginning work. The greater amount should be taken at breakfast, or at an early dinner. Children required to be fed oftener than grown-up people, probably four or five times a day. Three diets per day, and for many people two, were quite sufficient for adults.

After insisting on the necessity of food being properly cooked, the lecturer gave figures to show the time different foods required for digestion in the stomach. Among others mentioned were barley, two hours; beans, two and a half; bread, three and a half; potatoes, three and a half; and cabbage, four; tripe, one; lamb, two and a half; roast beef, three; mutton, three and a quarter; roast pork and salt beef, five and a quarter hours.

On the subject of drink, the lecturer discussed the relative merits of stimulants. There was no doubt, he said, that alcoholic liquors should be abjured by growing people, except under medical advice; and the only time that they could not be proved to do marked harm was when taken largely diluted, along with food, and when the day's work was done. Beef, tea, and coffee were far better in every way to work upon than any form of alcoholic liquor. A drink he recommended to working men who had hard manual labor to perform was a thin oat-meal gruel made of oat meal and water with a little sugar added.

**Rectal Alimentation.**—At the meeting of the French Association for the Advancement of Science at Rheims, M. Catillon read a paper on Alimentation by the Rectum, in which he stated that he had fed two dogs during two months with injections of eggs. The first, which had eggs only, lived with difficulty, with considerable loss of weight; the other, in which the injected eggs were mixed with glycerin and pepsin, lived in an apparently normal manner, weight and temperature being constant. After thirty-seven days, the pepsin having been stopped, the animal lost weight, and the temperature fell from 102° F. to 99° F. It is therefore apparent that in order that nutrition should be properly performed by the intestine digestive ferments must be associated with the food—that is to say, they must be transformed into peptones. *Med. Press and Circular.*

**Belladonna in Salivary Fistula.**—Dr. James Allan writes to the British Medical Journal: In two cases of salivary fistula from injury to the Stenonian duct—one after incision, the other due to a stab—the application of belladonna extract, with glycerin, over the parotid gland of the affected side was followed by arrest of glandular secretion. The fistulæ then speedily healed without interference.



**An Item of Evidence Bearing on the Theory of the Duration of Pregnancy Advocated by Cederschjöld.**—G. Ernest Herman, M.B. (Medical Times and Gazette):

A patient aged thirty-two, who consulted me for a trifling illness of no importance in this connection, told me that she had always menstruated with the greatest regularity, the flow recurring once in every *calendar* month—i. e. two or three days over the four weeks. She mentioned this because, knowing the usual period to be a *lunar* month, she thought her own case in this respect singular. She had had one child; and it therefore occurred to me that her case might possibly serve as a test of the theory suggested by Cederschjöld and advocated by Lowenhardt (*Archiv für Gynäkologie*). I therefore asked her if she could tell with exactness the duration of her pregnancy. She told me she was married on April 16th, having menstruated about a fortnight before. The catamenia never recurred again till after her confinement; and she therefore believed she had become pregnant immediately after marriage. The child was born on January 10th, and was a large and fine boy. The duration of pregnancy here, therefore, was two hundred and sixty-nine days. Now, if the theory of Cederschjöld—viz. that the duration of pregnancy in any given case is to be found by ascertaining the patient's usual menstrual period (i. e. the time elapsing from the beginning of one catamenial flow to the beginning of the next), and multiplying the number of days by ten—were correct, as this patient habitually menstruated every thirty or thirty-one days, her gestation ought to have lasted three hundred or three hundred and ten days. It is only needful to add that the patient was an intelligent woman, who had no reason whatever for making false statements in the matter.

Of course one case standing by itself does not prove much, but as cases in which the duration of pregnancy can be ascertained at all are not met with every day, and still less often cases bearing on the theory in question, I have thought this one worth putting on record.

**Cold Feet.**—It is, as we have often labored to show, a mistake to suppose there is any warmth in clothes. Animal heat is the direct result of changes going on within the body itself. Nutrition by food, and the discharge of energy by exercise, are the efficient causes of heat (London Lancet, November 27th). Clothes "seem" to warm because they prevent the cold air and objects with a capacity for heat which surround the body from attracting the heat generated within its organism. The clothing is simply an insulator. It follows that it should be light in weight, and above all things that it should permit the free and full circulation of blood through every part of the system—to the end of every finger and toe—and that the muscular apparatus of the extremities should be in perfect working order. If we will wear foot-coverings, whether boots or stockings, which compress the feet and render the separate action of each toe impossible, it is simply absurd to expect to be warm-footed. Heat is the complement of work and nutrition; and if a part of the organism is so bound that it can not work and its supply of blood is limited, it must be cold. The resort to stouter and heavier clothing under such circumstances is simply ridiculous. Generally it is the stockings that compress the feet. The garter acts as a ligature, and dimin-

ishes the blood-supply, while the stocking itself acts as a bandage, and impedes the circulation through the extremity. Let any one who doubts this try the effect of wearing what is called a "well-fitting"—that is, a tight kid glove in cold weather. Hard, unyielding foot-cases, such as stout boots with no space for the toes to play and no spring for the natural action of the arch of the foot, increase the evil. The first conditions of warmth are, therefore, free action and a full blood-supply. These remarks apply chiefly to the day. At night the wearer of tight and rigid foot-coverings reaps the recompense of his imprudence by sufferings which are wholly needless. When the body is placed in the recumbent posture the force of the blood-pump—the heart—is economized, and the current grows both weaker and slower. The necessary result of this change is that there seems to be a tendency to coldness in the state of sleep, and those who suffer from cold feet seek to remedy this discomfort by heaping clothes on their extremities. They forget that the way to maintain animal heat is to incite the system to work. By judiciously and *rapidly* bathing the feet in cold or cool water before going to bed, and then rubbing them so as to promote the circulation, the blood-supply of the extremities may be augmented; and by the avoidance of heavy and what is called warm bedclothes on the feet, the force of the circulation in the organs will be maintained far more effectually, and with incomparably greater comfort, than when the coverings are doubled and trebled, and even supplemented by artificial heat because the feet are cold! There are, of course, cases in which a different method of procedure must be adopted; but when the seemingly healthy resort to heavy and hard foot-coverings by day and artificial foot-warmers by night, it should be under express medical advice. The normal ways of procuring warmth are the best, namely, nutrition and work.

**A Spinal Root of the Optic Nerve.**—Stilling, of Strasburg, showed preparations to the International Ophthalmological Congress at Mailand, in September last, which he believes demonstrate the existence of a spinal root of the optic nerve, which brings the retina into direct connection with the medulla (London Lancet). This root passes from the external corpus geniculatum, in a winding course, deep between the bundles of the crus cerebri, and can be traced into the pons; and it appears to course down in the direction of the medulla, although its further progress can not be demonstrated. The existence of this branch is interesting on account of the light it throws on certain physiological relations between the medulla and the retina, and may constitute the hitherto undiscovered link between certain diseases of the spinal cord and of the optic nerve.

**Ergot of Rye in Acute Rheumatism.**—At the Clinical Society of Paris Dr. Chevallereau brought forward three cases in which the subcutaneous injection of ergotine had caused a rapid diminution of the pain, and other symptoms of acute articular rheumatism (Med. Press and Circular). In the first case the ergotin was given for the relief of prolapse of the rectum, without any idea of its having any effect on the rheumatic affection from which the patient was also suffering, but to the surprise of the doctor the next day articular pains had much diminished and patient was able to move her joints. The author brings forward no theory to account for the facts, but hopes that other physicians will try the remedy.



**Temperature in Diphtheria.**—Extract from proceedings of the New York Pathological Society (Medical Record):

Dr. Ripley said that as a matter of fact it was not necessary to the production of albuminuria in these cases to have either lung complication or high temperature; that with low temperature, and with no lung trouble, casts were often found in the urine. As a rule, diphtheria was not accompanied with a high temperature; indeed, the worst cases had very often a low temperature.

Dr. Robinson said that it was very rare in his experience to see a case of diphtheria die from the disease uncomplicated with the lesion of some internal organ.

Dr. Ripley was surprised to hear such a statement, as patients were known to die of the poison within twenty-four hours after the invasion, and before there was time for any special lesion to show itself.

Dr. Robinson stated that he had made thirty very thorough post-mortem examinations during an epidemic of diphtheria, had watched the cases from the inception of the disease, and his statements were founded upon the facts which such a study demonstrated.

Dr. Lewis Smith remarked that in malignant cases during the first forty-eight hours the temperature was usually low. When such cases continued for four or five days they were attacked with nephritis.

**Carbolic Acid in Facial Erysipelas.**—Dr. Rothe observes (*Betz. Memorabilien*) that, however efficacious the subcutaneous injection of carbolic acid proves in arresting the course of erysipelas, it is not suitable when the face is the part attacked, for not only does it give rise to considerable pain, but induces a swollen and painful condition of the periphery (Medical Times and Gazette). For some years past he has been in the habit of using the following application: Acid. carbolic., sp. vini., each one part; ol. terebinth. two parts; tinct. iod. one part; glycerin. five parts; penciling the inflamed skin and its vicinity with it every two hours. No pain or sense of burning is produced, and the skin is usually next day pale and wrinkled. The further progress of the disease is more effectually arrested than by any other remedy, any new patches being rapidly effaced, so that in three or four days the facial erysipelas is usually at an end. The penciled places should be covered by a very thin layer of wadding. When febrile action is present the ordinary internal measures must also be resorted to.

**Desiccated Ox-blood and Hemoglobine.**—Dr. Le Bon, in the *Journal de Thérapeutique*, protests against the claim which Dr. Andrew Smith and others in America have made of having invented this preparation, the full description of which he had published five years since in the *Comptes-Rendus* (1875), and notices of which were given in all the French medical journals (Med. Times and Gazette). It has now, he states, been well tried at the Paris hospitals, and especially by Prof. Bouchut at the Children's Hospital, and has been found most efficacious in all cases in which reconstituents are required, and succeeding where the martial preparations fail. It is indicated wherever iron, raw meat, or the phosphates are useful. Hemoglobine, Dr. Le Bon says, is difficult to prepare, and in some modes of desiccation of

blood all hemoglobine is lost. He has had it prepared by a skillful chemist, and it is now in the trade. It is almost completely soluble in water, giving to this a magnificent red color. It may be given in this way or with chocolate, or in the form of powder. The American plan of adding alcohol is chemically bad, as this precipitates the albumen. Dr. Le Bon observes that all the elixirs or wines sold as containing any of the essential principles of blood or meat are an entire delusion, as they can not contain an atom of the albuminoid principles which give to meat its nutritive properties.

**Jamaica Dogwood.**—Dr. F. T. Montague, Crawfordsville, Ind., says of it: "I have found the Jamaica Dogwood a most valuable anodyne, relieving pain without the unpleasant after-results that we find with morphia or opium, and I most heartily indorse all that has been said of its therapeutic value." Dr. W. F. Sharrar, of Rockford, Ind., extols the same remedy in convulsions attending dysmenorrhea.

**The Physiognomy of Disease.**—Extract from Dr. Ambrose L. Ranney, in New York Med. Journal of December: Corfe suggests as a guide to the student in physiognomy the following table, which designates the prevailing changes in the complexion of the face in the course of the more common disorders. While it is not possible to construct any table which shall give all the information desired upon so important a subject, still this one may prove of some value as a means of aiding the memory: In cerebral disease the countenance is lethargic; in emphysema, livid; in pulmonary edema, dusky and distressed; in pneumonia, dusky and flushed; in pleurisy, pale and anxious; in phthisis, pale and thin; in malignant disease, sallow and thin; in icterus, yellow and thin; in renal disease, thin, puffy, and anemic; in peritonitis, anxious and dragged; in uterine disease, sallow and haggard.

**The Pomegranate Alkaloids.**—M. Dujardin-Beaumetz, in a paper read before the Académie de Médecine upon the physiological and therapeutic effects of the above, deduces the following actions (Med. Press and Circular): 1. They have decided physiological properties. 2. They paralyze the motor nerves, while leaving the muscular contractility intact; they do not affect the sensibility, and appear primarily to affect the motor nerves at their muscular extremities similarly with curare. 3. The sulphate of pelletierine and of isopelletierine, in the dose of thirty grams in a solution containing fifty grams of tannin, have very marked ténicide properties. 4. This physiological action should entitle them to trial in the use of certain diseases, such as in which curare is indicated, tetanus, rabies, mania, etc., also in ocular affections, when it may be necessary to provoke congestion at the bone of the orbit, and finally in certain vertigos, particularly that of Ménière.

**A New Sign of Death.**—M. Peyraud, of Libourne, states (*Revue Méd.*) that real death may be recognized in a practical manner by the application of the Vienna caustic paste or other caustics to the skin of the subject supposed to be dead. If no eschar is produced, or if this is yellow or transparent, the subject is dead; but if it is black or reddish-brown, then the subject is still living.—*Medical Times and Gazette*.



# LOUISVILLE MEDICAL NEWS.

*"NEC TENUI PENNA."*

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R. O. COWLING, A. M., M. D., . . . . . Editor.  
H. A. COTTELL, M. D., . . . . . Managing Editor.

## HOW SHALL THE DOCTOR MAKE MORE MONEY?

During the last session of the Kentucky legislature it may be remembered that there was a bill introduced to place the fees of doctors on the list of preferred claims now allowed by the statute. It was signally defeated—smothered in committee indeed, and upon which a doctor was serving. Dr. Singleton, of Paducah, who had originated the petition to the legislature, had spent much time in obtaining signatures to it, and attended in person to look after its interests in Frankfort, was of course much chagrined at its failure. He declared that it was the ambition of his life to do something for the material welfare of his profession. Whether the bill in question would have effected this to any extent we do not stop here to discuss. We believe, in fact, that it would have been a very important measure of relief; but we consider the concern of Dr. Singleton in regard to the material welfare of the profession as exceedingly creditable to him, and the desire expressed as being worthy of the ambition of any doctor within the fold. To conquer pain, to alleviate suffering, to resist death, and such like humanitarian offices, are part and parcel of the doctor's existence. They are inseparable from his art. There is no need to spur medical men to better work in these directions. Without such ambition they cease to be doctors. But it may even happen, and it does happen, that in the struggle for humanity in general the

physician may overlook that very important part of it which lies within his own guild. Else why is it that the world in general deals with the doctor as it does? He certainly has an important work to do. Judged apart from himself, every one will acknowledge that—but his reward seems poor. Principally, we might say, it is taken out in such coinage as the testimony of a good conscience and the consciousness of duty done—legal tenders, no doubt, at the bar of Heaven, but at terrible discount at the block of the butcher or over the counter of the confectioner. In a hundred physicians of any locality seventy are not receiving wages which would reward the humblest artisan; and the gains of those who are supposed to be prosperous are no doubt grossly exaggerated. Not the clergy are so ill paid as the ordinary doctor. The fact is, when we leave out of view the successful ones, which are dotted about here and there, and take into consideration what medicine is, what singularly vast interests it has in charge, and take an inventory of its worldly goods, it might be declared to be a king in tatters.

Such is the state of affairs; but what is the remedy? Unfortunately, like so many other topics connected with medicine, it is easier to describe the pathological condition than to indicate the therapeutics. But we ought to try and find a cure for this evil, and no doctor's ambition can be spurred to more noble ends. It is the beginning of a new year, when the mind naturally turns to plans of improvement, and the question before us is one in which the vast majority of our readers have a direct personal interest; and it has occurred to us that, if



thrown open for general discussion, points of much value may be obtained. So we invite communications upon the thesis, What will increase the material prosperity of doctors? The discussion of the theme will of course involve the consideration of many subsidiary points. Prominent among these will be the vastness of the army which has to divide the rations of medicine. How are we to get rid of the overplus by other method than the slow process of starving? How are we to prevent ambitious schools from crowding the ranks beyond the power of pestilence to thin? Which promises to be the most successful bar against admission—an educational, pecuniary, or legal standard? And the army being formed, does it fight in proper lines and under proper regulations? Are the officers to be trusted? Are they or are they not satisfied with getting the choicest spoils, and do they not exact discipline for selfish ends? Is or is not the Code a humbug—a mighty tower for the strong and a snare for the weak? Or, dropping the military and coming down to ordinary life, would or would not medicine be benefited in dignity as well as in worldly goods by putting it on a mere commercial basis?

It is easier to suggest than to make reply, and yet we know that he who reads this will say, What do you think about the matter? If we can not escape an answer, we shall at any rate, until we hear from the country, be oracular. The NEWS is always an optimist in its beliefs. It believes that the respectability of poor medicine is great—that of rich medicine somewhat greater; that if it suffers its present ills, it has only itself to thank for it; that if many of its followers have an unhappy lot, not every one deserved a better fate. To think that helping oneself does not prevent God from helping him is to cast no slur upon the efficacy of prayer. It has not observed that it is a habit of the rich and great to lie awake much of their time planning methods by which others may share their fortune. So it believes that relief is to come from the ranks of medicine;

that a profession knowing what it wants, and united in obtaining it, can effect any thing in reform of laws or social customs which lie in the way of its material growth.

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MITCHELL DISTRICT MEDICAL SOCIETY OF INDIANA.—This society held its twenty-second meeting at Seymour on December 21, 22, and 23, 1880. There was a very fair attendance from all parts of the State, as well as from neighboring States. Eleven papers were read and discussed, and considerable enthusiasm shown for the welfare of the society. An entertaining microscopical seance was given by Drs. Gardiner, of Bedford, Oppenheimer, of Seymour, Burton, of Mitchell, and Sloan, of New Albany. The paper by Dr. Easley, of New Albany, published in this week's NEWS, elicited an interesting and lengthy discussion. It will be perused with pleasure and profit by the readers of the NEWS. Other papers will also be published in these columns from the District Society.

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### Original.

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#### HYDRATE OF CHLORAL IN TREATMENT OF TETANUS AND PUERPERAL CONVULSIONS.

BY E. P. EASLEY, M.D.\*

In the brief paper which I shall present to your society this morning I shall confine myself exclusively to the *treatment* of tetanus and puerperal eclampsia, and not consume your time with an elaborate description of their etiology and pathology, copied from the text-books, which you all have read time and again.

As far as the indications for treatment are concerned, it matters little whether the former is produced by a rusty nail in the foot, a pistol shot in the hand, or by an incised wound of any part of the body; or whether the latter is due to uremia, anemia, plethora, protracted labor, or to any of the other supposed causes. It is *the violence of the spasm that kills*, and to its mitigation

\* Read before the Mitchell District Medical Society at Seymour, Ind.



must your efforts be directed if you would save your patients.

The agent which I have relied upon for the past five or six years to accomplish this object is hydrate of chloral. During the past five years I have treated with this remedy two cases of traumatic tetanus and five cases of puerperal convulsions with a successful result in every case. I am not sanguine enough to believe that every case of tetanus or eclampsia can be cured by even bold and heroic doses of chloral. Many cases must necessarily succumb to the violence of the convulsions. But I do believe that if chloral were as universally and as intelligently used in these diseases as quinine is in the malarial diseases, their present per cent of mortality would be lessened one half. These diseases admit of no dillydallying—no expectant treatment. They must be met promptly and heroically. We must determine at once what to do and do it boldly, or our efforts will be futile in the majority of cases.

In a case of tetanus I administer ten, fifteen, twenty, or thirty grains of chloral, according to the age of the patient, every two, three, four, or five hours, as the severity of the spasm requires, alternated with one fifth, one fourth, one third, one half, or three fourths of a grain of morphia by the mouth or hypodermically, and continue it faithfully for days and weeks until the disease begins to decline, when I decrease the dose gradually till the patient no longer requires it.

In puerperal eclampsia, if the patient can swallow, I give thirty grains of chloral by the mouth, and twenty grains more in an hour if the convulsion returns; or if she is unconscious, as is most generally the case, I administer sixty grains per rectum, and repeat the dose in two hours if necessary. Usually a dram used in this way is all that is necessary to prevent a return of the spasm and to induce a natural and refreshing sleep, from which the patient will awake in five or six hours perfectly rational and safe, and surprised to hear that her labor is over. I use an ounce of sweet milk as a vehicle for the chloral, and inject it into the bowel with a Davidson, Mattison, or any other ordinary syringe.

This, gentlemen, in brief is my treatment for these formidable diseases—simple, rational, effective. But let me report briefly the two cases of tetanus, and then of the five cases of eclampsia thus treated.

CASE I.—In February, 1877, G. H., age nineteen, cut his foot with an ax. Ten days

after tetanus supervened. I gave him twenty grains of chloral every four or six hours, and one fourth to three fourths grain of morphia hypodermically three or four times daily for a month. He recovered, but with some deformity, which is gradually disappearing.

CASE II.—In July last, R. G., age fourteen, shot himself through the first phalanx of the little finger of right hand. In a few days stiffness of the muscles of mastication appeared, and a few days subsequently he was as rigid as a frozen cadaver. His urine for ten days had to be drawn off with a catheter. During the greater part of his illness he could not cover the bulb of the thermometer in the axilla, so great was the rigidity of the muscles in that region. I gave him ten grains of chloral alternated with one fifth of a grain of morphia every three to six hours for six weeks. He recovered, but like case first, with some little deformity, which, however, is rapidly disappearing.

The cases of eclampsia are as follows:

CASE I.—Mrs. B., age nineteen, primipara, in May, 1878, after an ordinary labor of several hours, with the os fully dilated, was seized with a terrible convulsion. As soon as I could procure it (in ten minutes probably), I threw into the rectum one dram of chloral, sent for the forceps, and delivered her at once. The spasm returning, I repeated the dose, the patient soon fell into a quiet sleep, which lasted six or eight hours, when she awoke to consciousness and to safety.

CASE II.—Mrs. S., age eighteen, primipara, in August, 1879, three hours after delivery by midwife, was attacked by convulsions, which recurred every thirty minutes, and increased in severity with each recurrence for four hours, when I was called to see her. I gave her at once sixty grains of hydrate of chloral by the rectum. Three hours afterward she had another light seizure. She was then given twenty grains by the mouth, after which she slept for six hours, and upon waking expressed great surprise that she was a mother.

CASE III.—Mrs. B., age twenty, primipara, in July, 1880, eight hours after an easy and natural delivery by my friend Dr. Cannon, was seized by an eclamptic fit. We saw her together about an hour afterward, and found her unconscious with stridulous breathing. We administered per rectum the "regulation" dose—sixty grains of chloral. There was no return of the spasm, and the patient did well.



I wish to say in conclusion that while I regard chloral as one of our most active and certain remedies, I consider its range of applicability very limited. There are few diseases in which it is indicated or beneficial; and while I have administered it to the infant and to the octogenarian (if not always with benefit, certainly with no bad result), I have always given it with fear and trembling.

NEW ALBANY, IND.

## A SUBSTITUTE FOR THE TAMPON.

BY WILLIAM T. CARTER, M.D.

If any one has honored me by beginning to read this short article I hope he will follow me far enough to ascertain that I am not trying to foist a new term or a new instrument upon gynecology, for it has a vocabulary and armamentarium that are already well filled by those who make a specialty of this art. I write simply for the purpose of calling attention to a procedure which will, I trust, prove serviceable in some emergency when less objectionable means have failed. No one is more unwilling than I to subject a woman to a digital or ocular examination of any unexposed portion of her person. Especially am I loath to inflict such shame and mortification upon the young and unmarried; and I therefore always try to have the patient make all necessary vaginal applications and appliances herself if she can efficiently do so.

By reference to the history of the last of the two cases here given I am able to cite one patient at least who succeeded, after a little instruction, in staunching what appeared to be an alarming menorrhagia. In cases similar to this one the tampon is generally used, for ergot and cold applications had been resorted to in vain.

In the fall of 1878 Mrs. E. Wigfall was taken violently ill with uterine pains. Unable to find me, her husband called Dr. W. W. Senteney. Learning that I was Mrs. W.'s physician, the doctor left a note handsomely declining to treat her, and placed her under my care. I saw her in the forenoon of the second day after she was taken sick, and found her resting quietly under the influence of an anodyne. She had not menstruated for seven weeks; had been married three years, but had never conceived. Her menses came on that night, and were followed by an amelioration of her pain and other symptoms. The next day a messenger was dispatched in haste for me. As soon as

I arrived she exclaimed, "Doctor, my sickness has come on me and I am dying—I am flooding to death." Her female friends had her propped up in bed and were busily fanning and dashing water in her face to revive her, for she often swooned. Her blanched, bloodless face and feeble pulse told all too plainly that her fears were well grounded. As quickly as possible she was placed in the recumbent position and the usual examination made. The os and cervix were hard and considerably elongated. The uterus was so low in fact that by pressing upon the hypogastrium with the left hand I easily compressed the os tincæ between the index finger and thumb of the right hand, thus effectually checking the hemorrhage for the time being. If a strong rubber ring had been convenient I think I could have put it in the cervix, and by closing the canal it would probably have controlled the discharge until there was danger of its producing strangulation. So great was her exhaustion and depression that I did not feel justified in removing my hand until I could replace it by something equally as efficient. My fingers grew tired and were relaxing from fatigue. In this crisis I took from my pocket a bougie (size No. 8), and had a thread passed through it about a quarter of an inch from its point. With this thread a conical pellet of cotton was securely fastened around the bougie where it was pierced. It was then passed to the right hand, the point carefully introduced and gently forced up until the shoulder of cotton was securely impacted in the os, entirely preventing any further loss of blood. Once during the succeeding night uterine pains coming on she removed the bougie, but the hemorrhage appearing she successfully readjusted it again. To keep the instrument in position the lower end should be attached to the thigh with a small tape or ribbon.

The second and last patient on whom I used the bougie as a tampon was a young widow. During her married life she had suffered one abortion, but since that time had enjoyed moderately good health. In one of her regular menstrual periods the discharge became so great that she was constrained to ask medical advice. Failing to derive the desired benefit from ergot and cold applications, I explained to her how I intended to use the bougie. She said she could adjust it herself if I would allow her to do so. One was prepared as in the first case, and she easily inserted it with the happiest effect.



I am aware that it is not always an easy matter to introduce a bougie into the cavity of the uterus, but during a hemorrhagic discharge the os is more or less dilated by the passage of blood and clots, and the point can be inserted far enough to be retained in position without the least difficulty.

LOUISVILLE.

## Reviews.

**A Treatise on Diphtheria.** By A. JACOBI, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, New York; Physician to Bellevue, Mount Sinai, and the German hospitals; etc. New York: William Wood & Co., 27 Great Jones Street. 1880. For sale by John P. Morton & Co., Louisville.

This learned essay is divided into nine chapters, as follows: History, Etiology, Manner of Infection, Contagion and Incubation, Symptoms, Anatomical Appearances, Diagnosis, Prognosis, Treatment.

The parasitic origin of diphtheria is scouted by Professor Jacobi. He says, "I can not look upon the bacteria epidemic in the medical journals, particularly in Germany, with the hasty conclusions and gratuitous assumptions of scores of experimenters and writers, as any thing but a calamity, which, I trust, is but temporary." Not only the journals but the most of book-makers and teachers, and probably a majority of the practitioners in Europe and America, have embraced this plausible heresy. Fortunately it does not do any hurt. It is a violent, widespread, but harmless lunacy. The only characteristic sign of diphtheria, the author says, is the diphtheritic membrane. Temperature is of no diagnostic value because of its variableness in different cases, and it is equally unreliable in prognosis. Its mortality, he thinks, is overrated; that the majority of cases are mild, ten per cent being a high death-rate, and in many years it does not rise above five per cent; but, he says further, as far as each individual case is concerned, there is hardly a disease in which the prognosis is more uncertain. Its treatment, he says, should be on general principles, and that it is not possible to lay down any routine treatment. The symptoms must be treated, and treated promptly and boldly. Nourishment is of great moment. The expectant treatment must not be indulged in. The philosopher, he says, may be a possible spectator; the physician must be a guardian.

L. P. Y.

## Books and Pamphlets.

**ON THE DIAGNOSIS AND TREATMENT OF RUPTURED BLADDER.** By Christopher Heath, F.R.C.S., Holme Professor of Clinical Surgery in University College, London, and Surgeon to University College Hospital. Read February 25, 1879. From Vol. LXII of the Medico-Chirurgical Transactions, published by the Royal Medical and Chirurgical Society, London.

**SCIENCE: A Weekly Record of Scientific Progress.** Illustrated. Vol. I, No. 24, December 11, 1880.

This is a publication in every way respectable and does credit to its editors.

**MEDICINAL ERUPTIONS.** By Arthur Van Harlingen, M.D., Chief of the Skin Clinic, Hospital of the University of Pennsylvania. Reprint from Archives of Dermatology, October, 1880.

This is an exhaustive treatise on an interesting and important subject. The author has collected reports of eruptions from the following remedies: Arsenic, atropia, bromine, chloral, cubebs, copaiba, cinchonia, iodine, mercury, morphia, opium, quinia, salicylic acid, santonin, strychnia, tar, carbolic acid, turpentine, rosin, petroleum, phosphoric acid, digitalis, cannabis indica.

L. P. Y.

**CASE IN WHICH VARIOUS FOREIGN BODIES WERE INSERTED INTO THE BRAIN WITH SUICIDAL INTENT, AND RETAINED THERE FOR SEVERAL MONTHS.** By Wm. B. Carpenter, Attending Physician to the Kansas State Prison. Extract from the American Journal of the Medical Sciences for April, 1876.

The report of this rare and interesting case concludes as follows:

This man was strong, healthy, vigorous, intelligent, well informed, witty; and of kind, social qualities to the last; having a fine, manly figure, a well-developed brain—weighing, after drainage of the first extreme congestion, fifty-six ounces.

The following are the dimensions of bodies which had been inserted in the brain: First wire, four and three fourths inches in length; second wire, three and seven eighths inches; third wire, six and three fourths inches. Wire removed from middle lobe, two and one sixteenth inches; wire removed from the anterior lobe, two and three eighths inches; nail removed from anterior lobe, two and one fourth inches; needle removed from middle lobe, one and five eighths inches.

He finally died of an overdose of chloral.

**THE INVENTION OF SPECTACLES.**—Dr. Gori recently presented to the Institute of France a printed bill of D. Chorez, spectacle-maker of Paris, dated 1625, in which he describes binocular spectacles, of which he offers a pair to the king (British Medical Journal). Hitherto the invention of binocular spectacles has been attributed to Antoine-Marie Schyrle, a Bohemian capuchin friar, born in 1597, and who died at Ravenna in the year 1660.



## Pharmaceutical.

### GOOD WHISKY AND BAD.

#### The Bourbon Whisky of Kentucky.

At no time has the question of stimulants in health and disease attracted so much attention as during the past few years. In England, especially, many master minds in the profession have expressed opinions upon the subject, and the matter has been viewed in almost every possible light. It is not our purpose here to enter into any argument as to whether stimulants are necessary to the well or sick, but to discuss a very important phase of the question which in America has not received that attention from the medical press which its merits deserve. We take it for granted that alcohol in some shape will always be administered to the sick; that its abuse and not its use may be abandoned. We are fully alive to the moral aspects of the question, and unreservedly advise teetotalism to those who by nature can not drink in moderation, and perpetual care in prescribing a remedy so potent for good and evil. We consider it a very plain fact that well people have seldom a need for stimulants; that for such they are simply luxuries, and are innocent or harmful just as temperance is exercised in their indulgence. But we must think it equally clear, in spite of what Richardson and his splendid coadjutors have so attractively declared, that teetotalism in medicine will always have, and ought always to have, a limited following. The influence of alcohol in phthisis and in other wasting diseases, in blood-poisons, indeed alcohol in some stage or other of most of the ills which destroy human life or make it miserable, is too patent to the ninety-nine common-sense practitioners for their belief to be shaken, however much they may be interested by the theories of the hundredth philosopher.

The sick are going to have alcohol in some of the shapes in which it is drunk, and a matter of the first importance is that the liquors administered to them be genuine and good. The possibility, or indeed the probability, of their not obtaining these has not generally been considered by doctors as it should be done. The physician orders good brandy, good whisky, good wine, etc., and leaves it to the patient's attendants to find them as they may. Some may possess the facility or the knowledge necessary to get genuine liquors, but the vast majority,

even among the intelligent, do not. The source for such supplies is ordinarily the neighboring drug-store, and their criterion of quality is the printed label, "For medicinal purposes." It never enters their minds that the exigencies of trade may make one impose even on the sick and helpless. But they do; and probably there are no inscriptions generally so false as those displayed upon the bottled liquors to which we have referred, unless it be upon the many tombstones, to which they are so closely akin.

One of the most general and useful forms in which alcohol is given to the sick is that of whisky. It has had its share of adulterations; indeed, on account of its immense demand, probably more than any other alcoholic drink. We propose to show how genuine and good whisky is made, and what are the poisonous compounds which pass under that name; also to call attention to the celebrated whisky of Kentucky, and to show how this may be obtained in its full purity.

The London Medical Examiner some time since, in the course of its food reports, called attention to the manufacture and adulterations of Irish whisky in a manner which proved of immense benefit to those who were to take alcohol in this form for its therapeutical benefits, and what the Examiner related in regard to Irish whisky has exactly the same force in relation to our native beverage. Genuine whisky is the product of the distillation of several grains—barley, rye, Indian corn, etc.—either singly or mixed in varied proportions. Originally it contains besides its alcoholic basis a mixture of *fusel oil*, which takes its character from the particular grain distilled. This at the outset is rank, and perhaps poisonous, but with advancing age it breaks into fragrant ethers, which give flavor and smell to the liquor in which it is contained. No process of art can force the changes in the fusel oil into a much more limited space of time than nature has demanded. In two years whisky is drinkable, but its better qualities are not developed under five years, and it continues to improve if kept in wood so that the air may come in contact with it, for a much longer period. And just as the proper whisky can not be had without age, so no amount of time can change a distillation which was originally bad into liquor which is good. The grain from which it is made must be good grain, in which consists the honesty of the manufacturer; it must be treated in a certain manner, in which his skill is shown.



Spurious whisky is obtained in a number of different ways. The alcoholic basis may be had from the distillation of spoiled or inferior grain, rotten potatoes, and other decaying vegetable matter. Such a product, to be sure, is not likely to go on the market in its original state as a drinkable liquor. For this purpose it must undergo further processes. It may be rectified, as it is called, passed through charcoal, or redistilled, and its foreign ingredients left behind. It comes out as rectified or cologne spirits, and is then pure. But it is not whisky, nor is it drinkable in this state. More than this, a score of years will not change it in this respect. It starts as cologne spirits, raw and fiery, and continues so as long as any remains. To change it into an imitation of whisky it must be mixed with a certain proportion of the genuine article, or various compounds are added, some secret, some known to the trade at large, as burnt sugars, prune-juice, various essences, tobacco, creosote, strychnine, and what not.

These delectable substances not only possess the power of transmuting the cologne spirit into *whisky* of any age, but in skillful hands, change it into three fourths of the French brandies, Holland gins, etc. which flood our markets, and with which the palates of our sick are tickled and their flagging strength sustained.

Chemistry is not always able to detect the genuine from the spurious whisky. Spirits may indeed be chemically pure, and yet not drinkable. So that as a general thing published analysis of this or that brand of whisky ought to carry with them little or no authority. As the Medical Examiner puts it, the test is only to be perfectly made by the taste and smell. "Genuine whisky diluted with twice or thrice its bulk of cold water gives off a delicate and subtle perfume, which is highly characteristic, and like genuine wine imparts both to smell and taste the impression of unity or oneness. Imitation whisky similarly treated gives off five or six coarse, nasty smells which struggle with each other for preëminence until that of rectified spirits finally gains the day, and it tastes like what it is, a discordant mixture of ill-assorted flavors."

With such different histories as these it can be easily imagined what must be the different effect on the economy after drinking genuine or spurious whisky. The genuine, after it has reached a proper age, is not only soft in its taste, but is easily assimilated and takes rank as a wholesome food. The

spurious, whatever age it may have reached, is to a variable extent poisonous. Even in their stimulant qualities they vary. With one it is possible, after liberal potations, that "the morning's reflections may not regret the evening's performances," and that breakfast may be reached with a clear head, and received into a steady stomach. From the other spring the hot skin and feverish pulse, the angry heart, the thumping brain, the gagging throat, and the intense regret over the unreturning past. If this be true with the libations of whisky taken by the robust for their pleasure, of what importance must our choice be in selecting a beverage from this species of alcoholic compounds for the sick.

It has been in the last two or three decades only that Kentucky whisky has been sought after to any great degree by the connoisseurs in the Northern or Eastern States, but the demand for it has steadily grown all over the Union during the period named. In the South it with similar brands is nearly the only kind of whisky that is sold. Within the borders of Kentucky the excellence of the native beverage has been known almost ever since the State began, and there is no jury like a home jury in matters of this sort. When a distinguished member of our profession from this State was attending the American Medical Association at its meeting in San Francisco, he was asked in the Pacific Club what he would have to drink. He answered, "Some California brandy." He was informed that it was not in the house, but that the steward would obtain it for him. "Never mind," said the wise doctor; "if the inhabitants don't drink it I don't want it."

Kentucky whisky, or Bourbon whisky, as it is called from the name of the county which originally produced the best quality, is made from Indian corn, mixed in varying proportions with the smaller grains. While these are indigenous over almost the entire Union, peculiarity in soil, climate, and water (which is "limestone") give a character to the Kentucky distillations which can not be exactly imitated in any other of the States. Whiskies, indeed, made upon opposite banks of the Ohio by the same process vary essentially in taste.

The whisky which originally gave reputation to Kentucky manufactures was generally made in small quantities by apparently very rude methods. Often the distillery was one of the sources of profit of the farm, and supplied perhaps the neighborhood only.



The ruins of these still-houses are seen scattered over the State. There was no attempt at adulteration, as the price, even for the best when new, seldom exceeded twenty-five cents per gallon. The machinery was exceedingly simple. The mash was placed in a common pot still, to which the worm of ancient pattern was attached, and heated by wood fires. These are important items in the history of whisky manufacture; for while modern machinery has improved to such an extent the facility of distilling grain, new inventions have not succeeded in reaching the former excellence of the whisky produced. Indeed, one of the great sources of deterioration has arisen from patent stills, steam heating, etc., which, while they have quadrupled the quantity made in a certain time, do not produce the fusel oils in the proper proportions obtained by the old methods.

With the war came the tax upon distilleries, and the government officers to watch the manufacture and to collect the revenue. Then of course all the neighborhood stills stopped, except such only as were run by the light of the moon. Large capital was required to manufacture whisky, and the distilleries shrank in number and increased in size. Of course with these changes good whiskies steadily became scarcer. With a tax on them which exceeded ten times the amount the liquor originally cost, it was impossible to keep them off the market long enough for them to obtain the proper age. A thousand barrels of whisky just from the still represented a hundred thousand dollars; and independent of increasing demand, with increasing population, and a preference for strong and fiery whiskies by the majority of drinkers, who drank for intoxicating effects, few dealers could afford to hold much of such stock, with accumulating interest, storage, and insurance, losing, as it did, in bulk every day from evaporation, for the years to roll around which were necessary to give it excellence. And so the difficulty continues up to this time in varying degree, and new whiskies only, as a rule, are on the market. *Ante-bellum* whisky is a curiosity, and whisky of ten or fifteen years of age, from all the reputable manufacturers, sells for a tremendous price. Of course, with the increased price came the temptation for adulteration and compounding of liquors, and so genuine and good whiskies became more and more difficult to obtain. To such a pass indeed have matters come that while fair whisky may be obtained almost any where

in Kentucky, the very best is only to be got by those having special knowledge of its whereabouts. This condition of affairs, by the way, is not peculiar to this locality; for it is said that in the brandy districts of France the best of brandy is only to be had by the initiated; the majority of French brandy (even when not made in America) being only the inferior article which makes up the bulk of what is shipped to this country and sold for its name at such a high price.

It happens now that the difficulty of obtaining pure Bourbon whisky, properly aged, is about to be done away with in what we think a very practical manner.

The Newcomb-Buchanan Company distillery at Louisville is the largest distilling company of straight whiskies in the Union. Their rank in the United States is similar to that of the four great Dublin firms which gave the name and fame to Irish whisky. In 1873, in view of the fact that the genuine and old Bourbon whiskies were being so rapidly exhausted, they erected as a business venture an additional distillery, known as the Anderson Distillery Company, on a large scale, and put into it the best machinery their large knowledge could dictate and their immense capital command. They constructed the original old-fashioned copper stills of former days, and in them they manufactured, from sour mash by open fires as of old, the Bourbon whisky of former days. This they have stored to obtain age, supplying the demand for new whisky from their other distilleries. The earlier crops of these whiskies are now sufficiently old to obtain a proper excellence, and the best judges in Kentucky have declared that they are fully up to the standard of the best Bourbon of equal years. Acting upon the advice of medical friends, the company have determined to offer these whiskies through the medical profession, and in such a way as to insure consumers that they have not been adulterated after leaving their hands. They will be bottled and sold in cases. Each bottle will be protected and sealed with the trade-mark of the company, which mark will be a guarantee that the whisky contained in the package is old-fashioned, hand-made sour-mash, fire-distilled whisky of the Anderson Distillery Company, and not less than five years of age when corked.

Knowing the high character and standing of the Newcomb-Buchanan Company, we can testify to the good faith with which it will perform its promises. As the com-



pany has unlimited facilities for introducing their manufactures throughout the United States, there will soon be no community which can not command genuine and old Bourbon whisky, and this, too, at a moderate cost; for the company proposes to get very little more profit for the bottled whisky than for the same when sold in quantity. Retail dealers may sell it at the same cost or at a very little advance upon that which they have demanded for inferior articles.

We trust good will spring from this move of the Newcomb-Buchanan Company, and that the day is not far off when their guaranteed brand (or that of other equally good Bourbon distillers) will take the place of much of the liquor which goes by the name of whisky in our pharmacies. Certainly it needs but an acquaintance to make its way.

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### Miscellany.

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“FORT MIT DEM SPRAY!”—Fort mit dem Spray!—Away with the Spray!—is the title of an interesting clinical lecture by Professor Victor von Bruns, of Tübingen (*Med. Times and Gazette*). There are now many earnest believers in so-called antiseptic surgery—that is, Listerism—who are beginning to ask whether the spray is really a necessary part of a thoroughly antiseptic system of dressing wounds. There can be little doubt that most surgeons would gladly dispense with it if it could be shown to be superfluous, for it materially interferes with their personal comfort, as well as that of any lookers on; then again the steam spray-producers are articles of considerable cost, not only to purchase at the outset, but to keep in efficient working order afterward. Nor are they entirely free from the danger attending all other steam-engines; and, lastly, they involve loss of time. Thus for many and varied reasons, though all of very secondary consideration, the suppression of the spray would be a gain, provided a thorough system of antiseptics could be secured without its help. Dr. von Bruns recognizes that the use of the spray as a necessary part of any complete system of antiseptic treatment of wounds is allowed by most operating surgeons, whether the spray be carbolic acid, thymol, or other substance; while some go so far as to consider that even a momentary intermittence during an operation is sufficient to nullify an otherwise accurate carrying out of the

plan. But he confesses that from the very commencement of the Listerian method he had always felt skeptical as to the value of and necessity for the carbolic spray, and it was only with reluctance he could decide on its systematic use at his operations. He was led, however, to adopt it by the desire to avoid unmerited reproaches for withholding from his clinic what is considered so important, rather than by any belief in the utility of the carbolic spray. On the contrary, his doubts as to the all-sufficiency of the spray had, in the course of time, gradually grown stronger, until, he says, as the result of careful study of the natural science of the subject—and more especially of the work of C. v. Nägeli, one of the best authorities in this matter—he had come to the conclusion that the employment and need of the spray during operations have not been sufficiently justified; and indeed that its use, from a theoretical view, must be considered as an unnecessary addition to the antiseptic treatment of wounds. “In proportion,” he tells us, “as this idea gained upon me I endeavored by experience, and apart from all theory, to test the value or the worthlessness of the spray; and to this end, in the course of the year 1878, I performed a gradually increasing number of operations without the spray, which I published in 1879. Since this time, and especially since the spring of 1879, I have entirely banished the spray-producer from my wards, doing both my operations and dressings without it, and experience has confirmed my views entirely. The result of all published major operations, undertaken elsewhere *with* the spray, and here *without* it, not only as regards mortality, but also course and duration of the healing process, has proved more favorable in this than in any other hospital. The results are so substantial that they warrant the following assertion: ‘The carbolic spray in surgical operations is not only useless and unnecessary, but also disagreeable and productive of interruption—it should therefore be abolished.’”

Von Bruns expresses a consciousness that the above assertion will at the present time be considered very heretical, and he reserves its complete substantiation for a new work on the antiseptic method as practiced in his wards, which will shortly appear. But he now presents the following brief statements, which he considers contain sufficient material proof of the correctness of the first part of the above dictum for his present purpose. For the second part of this dictum no espe-



cial proof will be necessary; for most surgeons who admit that the first part is proved will probably accept the second without further proof.

"Figures," Von Bruns says, "will be necessary to prove the correctness of my assertion that the spray can be safely left off. Therefore let the results of my clinical wards speak. They are large enough and extend over a sufficient length of time to allow even those who differ from me to accept them. I will only speak of osteotomies of the long bones, exarticulations, resections, and amputations. These operations not only form a well-defined group in themselves, and are every where carried out under the carbolic spray, but they constitute the class of cases which formerly contributed so large a proportion of the hospital mortality through the so-called wound-diseases—pyemia, septicemia, and erysipelas. I will just remark further, that *instead* of the spray I employ temporary irrigation—lasting a few seconds only—with a two-per-cent and a five-per-cent carbolic solution several times during any long operation, and at the termination of short operations. In addition to this I wash the whole wound-surface with the five-per-cent solution at the completion of the operation; and in the case of amputations, after the drainage-tubes are put in, I wash out the wound through the tubes, with the same solution if there should appear to be any bleeding. The same applies to the dressing of wounds after an operation—I simply use a two-per-cent solution for irrigation. In all other respects the antiseptic method is most carefully carried out."

He lays especial weight on changing the dressings as seldom as possible. Thus after amputation, for instance, the first change of dressing, as a rule, is made on the eighth to the twelfth day. In two cases of complete resection of the knee the first dressing was not changed for twenty-eight days, and in two others thirty days elapsed before changing dressing.

The following statistics are given in support of the opinion expressed: Forty-seven large amputations (limbs), including twelve of the thigh and fifteen small ones (fingers or toes)—in all sixty-two cases; ten osteotomies; twenty-six excisions of joints, including two hip-joints and twelve knees; thirteen resections in the continuity of bone; and thirty-three necrosis operations. Thus there were one hundred and forty-four operations involving bone. Not one of the cases had a fatal result. Many other minor operations

were performed in the wards during the same period, but they are not included. Total number of patients in the wards during this period was one thousand one hundred and seventy-five, and the total mortality from all causes was only thirty-six, which gives about three per cent. There was not a single death from pyemia or septicemia or erysipelas.

These figures certainly ought to be considered sufficient to prove that the spray is not always necessary either during an operation or the after-dressings which it may necessitate. "For myself at least," says the learned professor, "and I hope for every one who is not prejudiced, in view of the above facts, there can be no doubt of the inutility of the spray, and I consider myself fully justified in using the dictum at the heading of this lecture—'Fort mit dem Spray!'"

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## Selections.

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**Notes on Theories of Fever entertained by certain of the older Authorities.**—Conclusions by Surgeon-general C. A. Gordon, M.D., C.B., Q.H.P., in Medical Times and Gazette:

1. In 1751 the expression typhous (typhoid) was used to indicate a *condition* occurring in the course of fever, not as indicating a distinct species or form.

2. In 1790 the occurrence of *local affections* in the course of fever were looked upon as *complications* of the general disease, not as primarily constituting the *essence* of it.

3. At that time the sum of "local or endemic influences" was designated *sol lunar* influences.

4. In 1791 objections were raised against the system then in favor of dividing fever into a great many varieties.

5. In that year the occurrence epidemically of fever and dysentery in Bengal was attributed to *marsh effluvia*, or, in other words, *malaria*.

6. Also that cinchona bark and wine were unsuited in the treatment of many such cases.

7. And that *hepatitis* occurred in the tropics in connection with "marsh effluvia."

8. The occurrence of malarial diseases upon soils and at elevations "remote from marshy exhalations" was at the same time recorded.

9. The occurrence of *typhus* within the tropics was then acknowledged. It was considered to occur both as an independent disease and as a complication of *endemic* pestilential fever.

10. In 1792 a record occurs of fever in India in which change of type took place from *inflammatory* to *typhus* with flux (hemorrhagic dysentery?).

11. Early in the present century the occurrence of tropical endemic fevers under *typhus* guise was noticed.

12. Between "synocha" and typhus accurate limits could not be placed.

13. In 1823 the occurrence of tympanites, petech-



ial spots, and hemorrhages in the course of intermittent fever was recorded.

14. In that year the contagiousness of *marsh* fever was admitted.

15. Also that the "influential contingencies" to which *febrile miasm* becomes subjected affect the manner and intensity of its operation.

16. That in "a high entonic habit" the form of fever is more likely to be inflammatory; a "debilitated constitution gives a typhous complexion to the disease from the first."

17. In 1829 the occurrence of intestinal lesions in certain forms of fever was so definitely ascertained as to "leave no doubt on this point." The question as to whether these of themselves constituted a special form of fever was then energetically discussed.

18. The occurrence of idiopathic fever in, after long intervals of complete absence from, particular localities was observed.

19. In relation to that circumstance the action of a *malaria* in their causation was assumed.

20. At the same time three varieties of typhoid fevers—that is, of fever with *typhoid* symptoms—were described; but in none of these could post-mortem appearances be altogether held explanatory of their phenomena.

21. In 1833 a distinct definition was given of the significance assigned to the word *typhoid*; namely, as indicating a *condition*.

22. The relation of intestinal and other local affections in relation to fever was most carefully and fully discussed, the conclusion arrived at being that all such "must be held to denote varieties in the remote cause of the disease," "that all the continued fevers of this climate must be regarded as fundamentally the same disease."

23. So far from it being considered that tropical fever assimilated to or was identical with that of Britain, it was at the above date considered "doubtful whether in the tropics the continued fever of this climate really exists."

24. The greater liability of young persons than old to suffer from "contagious febrile diseases" was noticed.

25. The influence of season on the occurrence and phenomena of fever was stated.

26. And lastly, the important observation was made that a pernicious type may be given to a case of fever as a result of inappropriate treatment.

**Paris.**—From the Correspondent of London *Lancet*: A fact of great importance, and which had been discovered accidentally, was related by Dr. Brown-Séquard at a recent meeting of the Société de Biologie. Intending to kill a guinea-pig, the subject of previous experiment, the animal was placed under a glass globe with a certain quantity of ether. Anesthesia progressing but slowly, some chloroform was poured on a sponge, which was inserted in the summit of the globe in such a position that some drops fell between the guinea-pig's neck and shoulder—that is to say, upon the epileptogenic region, when an attack of epilepsy immediately took place. The experiment which had thus been accidentally suggested was repeated a large number of times, and it was found that no longer epilepsy but a deep anesthesia followed the application of chloroform. The same thing was afterward observed in cats, dogs, and rabbits. As the anesthesia passes off the animal gives evidence of returning nervous and muscular sensibility; there are tremors in the four limbs. Then it tries to get up,

but presents either hemiplegic or paraplegic symptoms, such as were noticed before anesthesia took place; occasionally there is delirium, and when consciousness has returned there is a considerable degree of hyperesthesia, and may be inflammation of the skin if the dose of chloroform has been strong. When the experiment ends fatally, death may occur either suddenly or less quickly. In this case a series of symptoms—such as convulsions, epileptiform attacks, diminution of reflex action on the side of the application, in the cat myosis, and mydriasis in the dog—precede the slowing of the respiration, which sometimes appears to be superior thoracic, the diaphragm being paralyzed, or contracting only on one side. Finally, the temperature falls and the animal dies suddenly and without convulsions from syncope. Electric exploration shows that nervous excitability is strangely modified. A weak galvanic current calls forth a response, and this excitability often lasts four times longer than after other modes of death. In two dogs, and in several guinea-pigs, the phrenic nerve on one side was found to have entirely lost its excitability, and the corresponding half of the diaphragm was less irritable than the other—this on the opposite side to the application of chloroform. Dr. Brown-Séquard explains these phenomena by the theory of inhibition, arrest of function by distant nerve-action, and particularly by that inhibition which he has described as the *arrêt des échanges*. The experiments carried on at the Collège de France will give an additional interest to the lectures which commence, as usual, about this time.

**Cholera of Fowls.**—Translated from *L'Union Médicale*, by A. H. Jacob, M.D., F.R.C.S.I. (Med. Press and Circular:

At a recent meeting of the French Academy M. Pasteur read a very important paper on this subject. The author reminded his hearers that in the communication which he made to the Academy in February last he announced, among other results, that cholera among fowls was produced by a microscopic parasite; secondly, that there exists diluted virus in this malady; finally, that one or more inoculations of this diluted virus preserves these animals from the dangerous effects of a further inoculation; and, in a word, they may be vaccinated with it—so to speak.

This fact being admitted, M. Pasteur stated, on the faith of many experiments, that the effects of vaccination are variable in chickens; certain of them offer resistance to a very virulent poison in consequence of a simple preventive inoculation of the diluted virus, but others require two preventive inoculations, or even three; and that in all cases every preventive inoculation has its own action, because it always comes first, to a certain extent. In a word, we can vaccinate in all degrees, and that it is always possible to vaccinate in a complete manner, so as to prevent the chicken from receiving any of the effects of the most virulent poisons.

M. Pasteur, in his experiments, took eighty young chickens, including some which had never had the malady either spontaneously or by infection. Into about twenty of them he inoculated the most poisonous virus; these twenty died. From the sixty which remained he separated twenty more, and inoculated them with a single puncture made with the most diluted virus which he had been able to obtain; none of them died. Were they vaccinated with very poisonous material? Yes; but only a certain number of



them. In fact if on the twenty fowls he practiced the inoculation of the most virulent venom—six or eight for example—all being ill did not die, contrary to that which has taken place in the twenty young chickens, of which one hundred per cent died. He again separated from the first lot twenty new fowls, which he vaccinated by two punctures successively after an interval of seven or eight days. Were they vaccinated with very virulent virus? In order to discover this he reinoculated the virus. This time a contrary effect to that of the second experiment ensued; it was not six or eight fowls which recovered, but twelve or fifteen. Lastly, he separated again twenty chickens from the first lot and vaccinated them successively by diluted virus, not once, but three or four times; the mortality by this inoculation of the virulent virus, even the disease itself, disappearing altogether. In the last case the animals were brought to the condition of those which never were attacked by cholera.

As to the cause of this non-receptivity one can not get rid of the idea that the germ—origin of the malady—finds in the body of the animal a fitting soil for growth, and in order to fulfill the requirements of its own life it alters or decomposes certain matters, whether it elaborates them for its own uses or burns them by oxygen which it borrows from the blood.

When complete exemption is obtained we can inoculate the most poisonous germ into any of the muscles without producing the least effect; that is to say, all germination becomes impossible in these muscles—they no longer contain food for the germ.

M. Pasteur varied his experiments somewhat by injecting the deadly virus into the vascular system, even making it penetrate to the digestive organs; the non-inoculated fowls succumbed, while the vaccinated chickens recovered. M. Pasteur, in recapitulating these results, says, "It is the life of a parasite in the interior of the body which determines that illness of fowls commonly called cholera which produces death. From the moment cultivation ceases to be possible in the chicken the disease does not appear. Fowls are then in constitution like animals which the cholera never attacks. These last animals are as if they were vaccinated from their birth for this malady, because the fatal evolution has never introduced into their body the food for the life of the germ, or else the nutritive matter for its life has disappeared in youth.

**Hydrorrhea Gravidarum.**—M. Stapfer, in a *Thèse de Paris*, has laboriously collected the materials that exist for arriving at some knowledge of this obscure subject (*Med. Times and Gazette*). The multitude of synonyms under which the symptoms have been described—dropsy of the womb, dropsy of the membranes, premature and spontaneous rupture of the membranes, false waters, metrorrhea—indicate the different opinions that have been held. The name hydrorrhea, M. Stapfer thinks, has been given to watery discharges resulting either from premature rupture of the membranes, from transudation of amniotic fluid, from rupture of a supernumerary ovum, from rupture of a cyst, from exudation from the uterine wall, from the decidua, the chorion, the amnion, the vessels or glands of the neck and body of the uterus. In the presence of such confusion, he thinks it impossible yet to frame a definition of the disease. From the evidence before him he comes to the following conclusions: The hydrorrhea which appears in the early months of pregnancy, and which is the

exception, seems only explicable by supposing the existence of a "*hydropérione*" between the decidua vera and decidua reflexa. That which comes on in the latter months results from a collection of fluid outside, or perhaps within, the chorion. This view Guillemeau and Mauriceau had been led to take by reasoning; it has been verified post mortem by Duclos. But it may possibly not hold good of every case. As to the origin of this fluid he can offer no hypothesis. The practical conclusions which he submits are the following: He thinks *metrorrhea* (a word proposed by Chassinant) a better name than *hydrorrhea*, because it indicates that the phenomenon has nothing in common with the escape of the liquor amnii resulting from a premature rupture of the membranes. There are, perhaps, two forms of the disease—the one traumatic, the other catarrhal. It is very rare, and varies much in its clinical history. It is rarer the further the pregnancy is from term; but it has been observed as early as the fifth week. As a rule it interferes neither with the course of the pregnancy nor the development of the fetus; but it may lead to abortion or to premature labor.

#### **Treatment of Membranous Sore Throat.**—

At a recent meeting of the Academy of Medicine of Paris Dr. Viard made a communication on this subject. He considers that membranous sore throat is primarily a local affection, which does not become general for five or six days; during the first period the diphtheria may be cured by cauterization (*Medical Press and Circular*). During the last eighteen months he has had twenty-six cures out of twenty-eight cases. Wrapping his finger in a rough cloth he removes the false membrane, leaving in its place a bleeding surface; then he cauterizes with nitrate of silver; four or five such cauterizations neutralize the diphtheritic poison. General tonic treatment is employed at the same time.

**Pathognomonic Sign of Fracture of the Neck of the Femur.**—Dr. Bezzi draws attention, in *Lo Spallanzani*, to a sign which is pathognomonic of fracture of the neck of the femur, but which is not generally known (*Buffalo Med. and Surg. Journal*). In examining the space between the trochanter and the crista ilii, it will be found that while, on the sound side, the muscles occupying this region (the tensor vaginæ femoris and the gluteus medius) are tense, and offer to the hand a considerable feeling of resistance, they present on the affected side a deep, well marked depression, a flaccidity and diminution of tension, from displacement upward of their points of insertion.

**Esophagism.**—Dr. Eloy concludes (*Gaz. Hebdomadaire*) an elaborate paper on Esophagism in these terms: As a result of the consideration of all the cases which we have cited, we come to the conclusion that the most efficacious means for combating this affection, when existing independently of all functional disturbance—that is, esophagism from a nervous cause, whether local or general, are the employment of catheterism (with or without dilatation) as a mechanical agent, the hypodermic injection of morphia as an analgesic, and the bromide of potassium (either by the mouth or as an enema) as a moderator of the reflex power. Moreover, this last agent will facilitate catheterism, by imparting a greater toleration of the mucous membrane to the contact of instruments." *Med. Times and Gazette*.



# LOUISVILLE MEDICAL NEWS.

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R. O. COWLING, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M. D., . . . . . Managing Editor.

## THE COLLEGE ASSOCIATION.

The Chicago Medical Journal and Examiner has been devoting much space in several numbers past to the discussion of the American Medical College Association. The articles prepared by Prof. Davis are able expositions of the merits and demerits of that organization, and we shall take occasion in a subsequent issue to give an abstract of them. One point, however, in connection with the discussion we wish to notice now while fresh. It has brought under review the attitude of the New York schools toward the Association, and comment is made concerning the stand taken by the Medical Record in reference to the matter. In an editorial of that journal of January 1st, in reply to the remarks of the Chicago Journal, the following paragraphs appear:

We are accused, it seems, of speaking ill of the College Association, and of "a Pecksniffian assumption that there is nothing of value in the medical institutions of the country" outside of the East. Our particular errors are that we attributed the withdrawal of certain eastern medical colleges from the Association to the fact that they thought such an association could no longer benefit them. Also we are accused, with much iteration, of having spoken of the western and southern medical colleges as "medical colleges scattered throughout the West and South."

The Chicago Medical Journal and Examiner has misapprehended the spirit in which the article it criticises was written. We are and have been entirely friendly to the American Medical College Association. It has accomplished much good, and, we hope, will do more. We stated, however, that it could never adopt for all its members the highest educational re-

quirements desirable without a fatal loss of membership. This is absolutely true, and nothing has been brought forward by the Journal to disprove it. *The strain of such small reforms as that of raising the fees to seventy-five dollars has cut down the Louisville schools one half;* while the Nashville schools, though members of the Association, have made no increase in fees at all.

The Medical Record perhaps is friendly to the Association. It seems to us, however, that it has singular ways of showing it. It prides itself, we believe, on its fairness and general carefulness in getting at the truth of matters; but it appears to us that on especial occasions it flops into error with surprising facility, and resists correction with singular obstinacy. In matters concerning the schools of Louisville especially does the Record delight to be in the wrong. What particular spite—if it be for this cause—its editor may have against these luckless institutions we know not, but they generally suffer when his pen is directed upon them. It seems to us that when the editor of the Record wrote what we have italicised in the quotation made from his editorial he must have known that there was at least some probability of his being in error, and took a desperate chance to eke out a flimsy argument in reply to the Chicago Journal. At any rate we were at especial pains a few weeks since to correct the error made by the correspondent of the Cincinnati Lancet in reference to the decadence of the Louisville schools upon raising their fees this session, from which source the Record gets its present information, as shown by a quotation given in another column of the journal. We stated distinctly that the gentleman had been misinformed, and that the schools had



lost but *twelve per cent* in number of students, while the pay of professors had been advanced *sixty per cent* by the increase of fees, and that "the strain of such small reform" had been eminently satisfactory so far. If the Record did not consider what we said, we are of course more of the mind that it is not a proper investigator of truth. We should think it due to fairness that the Record should make a proper correction for the benefit of its own conscience. It occurs to us perhaps that it may hesitate, thinking we were partisan in our remarks. We can only assure our distinguished contemporary that what we said we spoke by the card—after inquiry of the several schools in this city.

Luckily, as friends of the American Medical College Association, we are not wholly dejected by any false statements or unkind remarks that a New York journal may choose to publish. We believe the organization—with many errors perhaps—is a strong one; that it has done great good, and will accomplish much more. It may not be in perpetual sackcloth even though the New York schools have left it. Its sorrow is rather expended on those who have departed.

When these eminently commercial institutions—and why should they not be commercial—give as a reason for their leaving that they could no longer be benefited by the Association, let not the editor of the Record lay it to his heart that any great educational superiority on their part led them to keep aloof from humble sisters, but simply that the strict rules of the Association stood in their way of making money. Had the University of New York joined with Bellevue and the College of Physicians and Surgeons, we dare to think that there would have still been no more strenuous advocates of the Association than the New York seceders. But the college out was bagging too much of the game which the strict laws of the Association would not allow its members to touch except under certain conditions, and this it was which ruffled the mossy back of the ancient College of Physicians and

started the worldly-smart Bellevue to jump restraints.

When the editor of the Record again has the subject of the Medical College Association under discussion we commend him, if he can, to consider what may to him be a startling proposition—that the New York colleges left the organization not because they were too great for it, but because they could not live up to its requirements.

## Original.

### EYE MISCELLANY.

BY W. CHEATHAM, M.D.

*Lecturer on Diseases of the Eye, Ear, and Throat, University of Louisville.*

Mr. —, age thirty, Jeffersonville, Indiana, while walking along the street was shot, the ball striking him at lower and outer edge of the left orbit. Considerable bleeding from the nose followed, with blindness of the left eye, deafness of the right ear, and right facial paralysis. Patient states that on holding his head to the right side he feels something move as if it was the bullet. The ball in its passage through the left orbit produced total detachment of the retina in left eye. The missile passed through the roof of nose down, backward, and to the right, wounding the facial nerve in its passage through the fallopian canal, or after its exit from the canal, and has no doubt lodged near to or in the mastoid bone of the right side. Of course nothing can be done for the left eye. The right eye is in some danger, as the orbicularis of that side is paralyzed, leaving the eye constantly exposed to external irritants.

Mr. — was shot by Mr. D. When he fell Mr. D. carried him into his (Mr. D.'s) house. The physician who was called in left drops of atropia sulph. for his eye, and same medicine to be taken internally. Mr. D., not satisfied with his failure to kill Mr. —, endeavored to administer to him the atropia sulph., but friends interfered. Mr. — thinks both calls most too close for comfort.

Max G., age twelve, consulted me about two years ago in reference to weak eyes. I found that he had compound hypermetropic astigmatism, and prescribed the proper correcting-glass. About a year afterward Max called again to see me, saying that he was blind in one eye. On testing him he stated



that he could not even tell daylight from darkness with the right eye. Ophthalmoscope showed nothing abnormal except the error of refraction. Fundus perfect. Thinking probably that Maxie was deceiving himself and others, I put him to such tests as are used to expose malingerers. Placing a stereoscope to his eyes, a piece of pasteboard was slipped into the frame. On the right side or end of the pasteboard was a vertical line. On the left side was a horizontal line. Asking him now what he saw, he said a cross. If the right eye had been blind the horizontal line only would have been seen. Of course Maxie was practicing deception. I asked him to return in a few days. In the meantime he visited a neighbor and experimented with a stereoscope so thoroughly as to defeat me in my attempts to catch him again. I practiced another method. Seating him I gave him a book to read. Placing myself behind him I passed a small pen-holder between his left eye and the book, but strangely enough he read nearly as well as before. Several other similar tests (such as we used to use in New York in examining the applicants for pension) were tried, and his family was convinced that nothing was the matter. Why he did so no one could explain. He was very fond of school and his books. No one could surmise his object; but we found a remedy which was very simple and effectual. A small riding-whip was added to the household ornaments, and in a few days I entered on my book, "Vision in right eye =  $\frac{20}{20}$ , or perfect."

Mrs. H., age fifty-five, Xenia, Ills., several weeks before she consulted me, while blowing her nose lost suddenly the sight of her right eye. Had suffered some little pain in the eye before. Is sure the sight of the eye was good before, as she noticed immediately the loss of vision, and had occasionally tested her eyes by first closing one and then the other.

Ophthalmoscopic examination: Detachment of retina of right eye. There must have been some tendency to the disease before. In the act of blowing the lungs were fully inflated, then forcibly emptied, producing an influx of blood to the head, a congestion of the parts, a sudden subretinal effusion, detachment of retina, and blindness. Prognosis bad.

LOUISVILLE.

## A CASE OF RAPIDLY-CONSECUTIVE AMPUTATION OF BOTH FEET—RECOVERY.

BY W. M. LEWIS, M.D.

On the 10th of last February I was called in haste to see W. S., aged thirty-one. The messenger said his feet were rotting off. An examination showed a severe case of frost-bite of both feet. Patient had exposed himself by walking through the snow and sleeping in an old barn with his wet shoes on. On the right foot the congelation was complete, invading the inner aspect above the malleolus. The left foot was not quite so bad, although about three fourths of it was entirely dead. Patient had walked a short distance the morning after his disastrous exposure, though he had no feeling whatever in his feet. He suffered no pain, and said he thought his feet were asleep. He did what every other ignorant negro would do under the circumstances, and tried to warm his feet by a hot fire; and when I first saw him all vitality, together with sensibility and motion, was lost, and gangrene had manifested itself. In some places were large watery blisters, in others the skin had sloughed away. The skin of the toes had dropped off, carrying away the nails. In short, his feet presented a mass of putrefaction.

A consultation was called, and of course all agreed that immediate amputation was the only course to pursue. At that hour it was thought that in the left foot Chopart's or Pirogoff's operation might be done, thus saving a more useful stump. But next morning when the operation was done it was discovered that the line of ulceration had made rapid strides, and not enough of the heel was left to make a flap. Consequently amputation at the junction of the lower and middle thirds was decided upon. Patient went kindly and quickly under chloroform. Esmarch's bandage was applied to left leg. The anterior skin-flap was made, and behind the flap was made by transfixion. The main vessels were speedily secured, and as quickly as possible the bandage was placed on the right leg, and this was removed by exactly the same method. When all oozing had ceased the flaps were brought together by means of silk sutures, about one inch apart, and strips of plaster placed between the sutures. A roller was applied from above, light pressure being made to prevent muscular contraction. Carbolyzed cloths were lightly laid on the stumps and frequently changed. The patient was given a good, nutritious diet, and all stimulants were withheld.

WASHINGTON CITY retails annually a million and a half dollars worth of drugs.



On the third day the patient was attacked by a violent surgical fever of the sthenic form, and for a while his life was despaired of; but by the use of large doses of quinia this fever soon gave way.

Upon the eighth day after the operation both stumps were attacked by fungous granulation to such an extent that the wounds gaped considerably. This troublesome condition was overcome by slightly stimulating applications and gentle pressure by means of the roller and strips of plaster and tonics administered at the same time. After this patient continued to improve, and recovered without further accident.

GREENSBURG, KY.

## Correspondence.

### LONDON LETTER.

FROM OUR SPECIAL CORRESPONDENT.

*Editors Louisville Medical News:*

One of the most interesting documents which has for a long time been made public has just been issued by the Committee on Anesthetics, appointed by the British Medical Association to investigate the action of the various anesthetic agents by rigid scientific methods. This report, which will be published in an early number of the journal of the Association, is made by Prof. McKendrick, F.R.S., Glasgow, Profs. Coats, Ramsey, and Herman. It includes (1) an introductory research aiming to discover wherein consist the special dangers of chloroform, and (2) to investigate whether some anesthetic agent could be found which would avoid those dangers. It was shown at the outset of the inquiry by physical proof obtained from experiment, that apart altogether from its action upon the respiratory centers chloroform has a disastrous effect upon the heart, while ether has no baneful influence. Ether, however, has some great disadvantages, among them, and chiefly, tardiness of action. The committee therefore set to work to find an agent which should be as potent an anesthetic as chloroform, and yet affect the heart and respiration as little as ether. After investigating a great number of substances they finally settled on ethidene dichloride as that which yielded results so promising as to lead them to enter upon a special investigation of its action as compared with chloroform and ether. Ethidene dichloride was first employed by Dr. Swan, of London, who administered it, in

1858, in fifteen cases, with good results. In 1870 it was used by Liebreich and Langenbeck, in Berlin, and in 1872 Steffen gave satisfactory report of it. Sauer mentions one case of death in a patient suffering from heart-disease. The committee, encouraged by the results of their first examination, have now pursued a very elaborate series of investigations, which have brought them to conclusions much in favor of ethidene. They give details of fifty unselected cases in which ethidene and chloroform respectively were administered in the human subject, and from these tabulated results it appears that the average dose of the ethidene for each minute during which the patient was under the influence of the anesthetic was practically identical with that of chloroform; the time required to produce anesthesia being one minute less with ethidene, and the sickness also being less. In only one case during the administration of ethidene did the pulse fall to sixty-four per minute. It commonly remained peculiarly regular. This was not the case with regard to chloroform, the pulse frequently falling to sixty, and in one instance to forty-eight, while the respiration rose in one instance to as much as seventy-two per minute. The results of their experimental observations as to the action of chloroform and ether on the blood-pressure confirm those of the committee of the Royal Medical and Chirurgical Society in 1874, showing at first a slight transient rise in the blood-pressure by chloroform, followed by a gradual but irregular fall, while with ether the primary rise was prolonged and the depression slighter. Ethidene stands in an intermediate position, causing more lowering of pressure than ether but less than chloroform. So also as to respiration: the complete arrest of the pulmonary circulation falling most rapidly and with the smallest dose in the case of chloroform, least rapidly and with the largest dose in the case of ether; ethidene standing intermediate both as to time and dose.

The summary of the results of this committee I think it right to give entire, as your readers will no doubt be glad to see them in the precise words of the committee, and as they will unquestionably henceforth become classified for future reference. This is by far the most active and scientific investigation which has as yet been carried out on the subject.

#### A.—CLINICAL.

1. The dose (administered on a towel) is greater with ethidene than chloroform, but the time neces-



sary to anesthetize the patient is longer with the latter than the former agent.

2. The number of cases of sickness and vomiting is about the same with the two agents, but the duration is considerably protracted in the case of chloroform. The occurrence of these symptoms have no relation to the length of time the patient has been under, or reference to the quantity of anesthetic administered in a given time.

3. With both agents the pulse-respiration ratio is considerably altered in a certain number of cases, the pulse falling as the respirations increase in frequency. With chloroform the change is not only much more marked, but its occurrence is also more frequent than with ethidene; the proportion, in our experience, being nine of the former to two of the latter. There is also a greater tendency in cases of chloroform to retardation of the heart's movements and to dicrotism.

#### B.—PHYSIOLOGICAL.

1. The effect of anesthesia with chloroform is to increase the amount of carbonic acid exhaled in a given time. The results of our investigations in connection with the effects of anesthetics upon the gases of the blood are not sufficiently reliable to permit us to give results.

2. Both chloroform and ethidene administered to animals have a decided effect in reducing the blood-pressure, while ether has no appreciable effect of this kind.

3. Chloroform reduces the pressure much more rapidly and to a greater extent than ethidene.

4. Chloroform has sometimes an unexpected and apparently capricious effect on the heart's action, the pressure being reduced with great rapidity almost to *nil*, while the pulsations are greatly retarded or even stopped. The occurrence of these sudden and unlooked-for effects on the heart's action seems to be a source of serious danger to life; all the more that in two instances they occurred more than a minute after chloroform had ceased to be administered, and after the recovery of the blood-pressure.

5. Ethidene reduces the blood-pressure by regular gradations, and not, so far as observed, by these sudden and unexpected depressions.

6. Chloroform may cause death in dogs either by primarily paralyzing the heart or the respiration. The variations in this respect seem to depend to some extent on individual peculiarities of the animals; in some the cardiac centers are more readily affected, in others the respiratory. But peculiarities in the condition of the same animal very probably have some effect in determining the vulnerability of these two centers respectively, and they may both fail simultaneously.

7. In most cases respiration stops before the heart's action, but there was one instance in which respiration continued while the heart had stopped, and only failed a considerable number of seconds after the heart had resumed.

8. The use of artificial respiration was very effective in restoring animals in danger of dying from the influence of chloroform. In one instance its prolonged use produced recovery even when the heart had ceased beating for a considerable time.

9. Under the use of ethidene there was upon no single occasion an absolute cessation either of the heart's action or of respiration, although they were sometimes very much reduced. It can therefore be said that, although not free from danger on the side

of the heart and respiration, this agent is in a very high degree safer than chloroform.

10. In regard to the effect of anesthetics upon the pulmonary circulation, as in the experiments on the effects of the anesthetics upon the blood-pressure, it may be stated that chloroform produces the most immediate effect, ether the least, while ethidene occupies an intermediate position.

11. The quantity of air and the length of time required to restore the circulation in the lung are in an inverse ratio to the amount of anesthetic vapor and time necessary to stop it.

12. The changes produced in the lung are the same in all, the only difference being in the rapidity of their occurrence.

13. The anesthetics produce the following changes in the lungs: (a) Retardation and ultimate stoppage of the circulation in the lung—first in the capillaries, then in the arterioles, and subsequently in the larger vessels; (b) the epithelium-cells of the meshes and their nuclei are no longer apparent; (c) the capillaries contract slightly, and their walls become less distinct, or even disappear from view, and the inclosed corpuscles may become more or less disintegrated.

14. The effect of ether and ethidene on the heart, after artificial respiration for seven and five minutes respectively, is simply to produce a retardation of the impulses—ethidene having the most marked effect. Chloroform not only produces a retardation of the pulse, but the ventricular contractions are delayed and slightly separated from the auricular, and an auricular contraction may immediately follow the ventricular. The auricular contractions frequently occur without any corresponding ventricular movements.

#### C.—PRACTICAL.

1. It is not only necessary to watch the effect of the anesthetic upon the pulse, but it is also requisite to have regard to the respiration. We must not only take into account the danger of sudden stoppage of the respiration, but must also remember that in the event of abnormal increase of respiratory movements it may become essential for the safety of the patient to temporarily discontinue the administration.

2. Owing to the tendency of chloroform and ethidene—particularly chloroform—to reduce the blood-pressure suddenly, not only during the administration of these agents, *but also after they have been stopped for some little time* (a source of serious danger), it is necessary for the person who has charge of the administration of the drug to be on the lookout for symptoms of this occurrence, both during the time the agent is being given and for some time after the patient has recovered from its more evident effects.

3. The danger of death from stoppage of the respiratory functions must be borne in mind in every case in which anesthetics are given; but of perhaps greater importance is the danger from interference with the proper action of the heart, particularly when it is remembered that by artificial means we can combat the former contingency. It might even be advisable in certain cases to introduce a tracheal-tube by the mouth, so as to enable us to force air into the lungs by means similar to those adopted by experiments with animals; or, in circumstances where such a procedure was impracticable, tracheotomy might be performed with the same object in view. Artificial respiration should be continued, even though all evidence of cardiac action has ceased.

4. As regards comparative danger, the three anes-



thetics may be arranged in the following order: chloroform, ethidene, ether; and the ease with which the vital functions can be restored may be conversely stated, thus: the circulation is more easily reëstablished when its cessation is due to ether than to ethidene; and when the result of ethidene than when chloroform has been used. The advantages which chloroform possesses over ether—it being more agreeable to the patient and more rapid in its action in the complete insensibility produced by it, and the absence of excitement or movements during the operation—are more than counterbalanced by its additional dangers.

5. The chief dangers are: (a) sudden stoppage of the heart; (b) reduction of the blood-pressure; (c) alteration of the pulse-respiration ratio; and (d) sudden cessation of the respiration. The danger with ether approaches from the pulmonary rather than from the cardiac side; so that by establishing artificial respiration we have a means of warding off death. Its disadvantages are to a great extent obviated by the use of ethidene, while the dangers of chloroform are also reduced to a minimum.

The conclusions of the committee are thus strongly favorable to the further use of ethidene dichloride. At present ethidene is rather a costly article; but beyond doubt, if any considerable demand for it should spring up, it would be procurable at a very moderate price. The British Medical Association has expended nearly £200 in grants for carrying out this investigation. This does not, of course, in any way mean a payment to the distinguished men who have carried out the research. They have freely given their time, trouble, and skill. It only covers laboratory expenses; nevertheless it will be found that the Association has rendered a great service to science in encouraging and authorizing the bearing of the expense of this research, and in publishing it fully illustrated for professional information.

In the same number of the British Medical Journal in which this lengthy report appears is published also a table of the deaths from anesthetics which have been reported in this and other medical periodicals in the United Kingdom during the eleven years—1870–80. The result shows a total of one hundred and twenty deaths from chloroform, a rate of 10.10 per annum; and of these a considerable number are for minor operations, twelve for operations on the eye, five for extraction of the teeth, ten for removal of tumors, seven in fistula and in opening abscesses, and three in operations of phimosis. The editor of the British Medical Journal has now for some years steadfastly urged the necessity of the use of ether, and insisted upon the publication of every case of death from chloroform. The vigor with

which he has pursued this course has given rise to a good many reclamations upon the part of unfortunate persons who have had deaths while administering chloroform, and who complained that the course which he pursued might one day be the means of bringing some of them before a criminal court. The strong pressure which he has exercised in the way has, however, brought about a great revolution in hospitals, and at the present moment ether is administered in the great hospitals throughout England, where it is on the whole the anesthetic that is most used.

It is probable that the publication of this report and of the tabular statement, which has now been brought together, will produce once more a strong impression in favor of ether or ethidene, and ultimately chloroform is likely to be less and less used in Great Britain. It is certain that a great impression has been produced this week by the publication of the documents to which I refer.

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## Reviews.

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**Photographic Illustrations of Cutaneous Syphilis.** By GEORGE HENRY FOX, A.M., M.D., Clinical Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York; Surgeon to New York Dispensary, Department of Skin and Venereal Diseases; Fellow of American Academy of Medicine; Member of the New York Dermatological Society and of the American Dermatological Association. Forty-eight plates from life, colored by hand. Price, two dollars. New York; E. B. Treat, 757 Broadway.

Nos. 1, 2, and 3 of this Atlas have been issued, and comprise the following photographs: No. 1—Syphilitic erythema of the breast, ditto of back; post-syphilitic pigmentation, ditto leucoderma; erythematous syphilis. No. 2—Lenticular papulous syphilis; miliary papulous syphilis; squamous papulous syphilis of breast, ditto of shoulder; papulous syphilis. No. 3—Papulous-circinate syphilis; papulous-squamous syphilis; papulous-pustulous syphilis; pustulous syphilis. Accompanying the plates—which are produced in the highest photographic perfection, and are artistically colored—the scholarly and zealous author gives a full and lucid and at the same time concise description of the syphiloderms represented. The history, nature, and treatment of syphilis are fully discussed, and the author's views are in accord with the teachings of the leading syphilologists of the day.



The study of syphilis is but fairly begun, as Dr. Fox very truly says; and not only is the laity in a state of absolute and dangerous darkness on the subject, but the great mass of the profession is ignorant of the proper treatment of the disease. Certain facts concerning the natural history and therapeutics of syphilis, however, are perfectly established, and these Dr. Fox brings out forcibly in his publication.

This Atlas deserves an immense sale; and coming out, as it does, in two-dollar numbers, one may easily pay for it without noticing the outlay.

L. P. Y.

ferent schools of theorists, but fortunately none of it has been spilled so far, although both the medical journals and newspapers have contained some caustic and cutting pen-strokes from the champions of quarantine and anti-quarantine, and of its foreign and domestic, and land and water origin. The author cites in his pages the behavior of the disease at "Loggerhead, Ky." We know nothing of this village or of its yellow-fever history, but its name is very suggestive of the present status of sanitarians on the important question discussed by Dr. Hargis.

L. P. Y.

**A Manual of Medical Jurisprudence.** By ALFRED SWAYNE TAYLOR, M.D., F.R.S., Fellow of the Royal College of Physicians, late Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital, etc. Eighth American edition, from the tenth London edition. Containing the author's latest notes made expressly for this edition. Edited, with additional notes and references, by JOHN J. REESE, M.D., Professor Medical Jurisprudence in the University of Pennsylvania, etc. With illustrations on wood. Philadelphia: Henry C. Lea's Sons & Co. 1880. For sale by John P. Morton & Co.

This great work stands at the head of its class. It is an unquestioned authority in all civilized lands. No doctor's and no lawyer's library is complete without it. It comprises more than nine hundred pages, and is illustrated by seventy woodcuts.

L. P. Y.

**Yellow Fever: Its Ship-origin and Prevention.**

By ROBERT S. HARGIS, M.D., Pensacola, Florida. Philadelphia: D. G. Brinton, M.D., publisher, 115 South Seventh Street. 1880.

This volume, of seventy-six pages, comprises three articles previously published in medical journals, also two letters from Mr. Gamgee. Their favorable reception by the profession, and "the dangerous and irrational proceedings constantly advocated in relation to the prevention of yellow fever" have induced the author to put these essays in book-form. His opinions are based upon twenty-two years' experience of yellow fever, and he is perfectly confident that his conclusions are correct. He considers the naval origin of the disease a fact established beyond peradventure. Dr. Hargis writes with vim and spirit, and his views are likely to be cordially indorsed and commended by all who believe as he does, and to be vehemently assailed by those who differ from him. The yellow-fever question has developed a lot of bad blood between the dif-

## Miscellany.

**THE LATE GREAT GERMAN.**—The remains of Prof. Hebra were interred in the presence of an immense crowd, amidst which were, considering the season of the year, a large number of medical and scientific celebrities. . . . With all his popularity among the pupils and his colleagues, Hebra was a thorough despot, although a benevolent despot, who, by the dictatorial power he had inherited from Skoda, managed to effect some most useful reforms in the Vienna General Hospital; but Dr. Kraus, in his eulogium upon him in the *Allg. Wien. Med. Zeit.*, while maintaining that for those who knew him he had an excellent heart and was an amiable companion, is obliged to admit that he was rightly termed the hospital pasha, and that by his rude language, indecent jokes, and arbitrary bearing he too often excited terror among patients and the more timid of his colleagues. English and American visitors who had been present at some of his clinical lectures have declared that scenes were witnessed and language heard which would not have been tolerated in any other hospital in the world.—*Med. Times and Gazette.*

**SHEEPSWOL SPONGES.**—There is considerable anxiety felt in the sponge-market in regard to the growing scarcity of the Florida sheepswol variety (*Oil and Drug News*). The great popularity of this sponge for the past ten years or more, it is feared, has induced the sponge-fishers to gather them so recklessly as to threaten their extinction. It is known, however, that the sponge-fleet this season has experienced more or less bad weather, which may be responsible for the depletion of the market. However this may be, it is certain that the entire extermi-



nation of sheepswool sponges may be looked for within a few years unless measures are taken for their protection. It has been suggested that artificial beds of sponges be reared in the immediate vicinity of the coast of Florida, on some of the coral reefs common in the southern part, in the same manner as oyster-beds are formed in the North.

The Mediterranean fisheries are threatened with extinction on account of the destruction of the young animals while securing the full-grown sponges. Dr. Brehm, the naturalist, selected a few hundred specimens, which he divided into several thousand small pieces, fastened separately into perforated cases, which were then towed out to the Bay of Socolizza. He next attached the pieces to a wooden framework, which was then lowered in a shady spot to a proper depth. In a few months the sponges had grown to the size of good natural ones, exhibiting their distinctive black color. The authorities regarded his scheme with favor, but the fishers, with ignorant prejudice, attacked the plantation by night, destroyed the frames, and made off with two thousand sponges. By substituting copper wire for woodwork Dr. B. checkmated the *teredo*, whose ravages in wood are notorious, and by fastening the sponges to stones it was observed that they speedily attached themselves firmly.

DECREASE OF DRUNKENNESS.—The reports presented by the chief constables at the recent annual licensing meetings held in many of our large provincial towns show that drunkenness, or at any rate open drunkenness, is markedly decreasing. At Brighton the number of persons prosecuted for drunkenness during the past year was two hundred and eighty against three hundred and fifty in the preceding year. At Wolverhampton during the same period the number of similar charges was five hundred and thirty-four against six hundred and sixty-nine. At Bolton the decrease was one hundred and forty-nine. At Preston five hundred and sixty persons were so charged against six hundred and ninety-one in 1879. At Huddersfield these charges numbered three hundred and twenty-one, or an average of one to every two hundred and forty-nine of the estimated population; the previous year the number was five hundred and thirty-three, or one to every one hundred and fifty of the population, showing a decrease of nearly forty per cent. At Northallerton there were sixty persons so charged, a decrease of ten on

the previous year. In the upper division of Osgoldcross one hundred and ninety-one persons were prosecuted against two hundred and seventy-one in 1879. At Rochdale the chief constable reported that "the decrease in drunkenness in the borough in the last few years is undoubtedly to be attributed to the establishment of public coffee-houses. *Med. Times and Gazette.*

A MAGISTRATE'S RECOGNITION OF MEDICAL EVIDENCE.—A somewhat unusual case was heard a few days ago at Oldham Police Court, when a respectable elderly lady was charged on remand with having stolen some boots. It was contended for the defendant that, being subject to epileptic fits, she was not responsible for her actions. Medical evidence was adduced, and the bench told the doctor that they dismissed the case on the strength of his assertion that delusions might be present after the fits.—*Ibid.*

CHOLERA IN INDIA.—We regret to find by our letters from India, received by the last mail, that cholera has made its appearance in several stations in Bengal and the north-west provinces (London Lancet). In Lucknow the Thirteenth Hussars and Royal Artillery had several fatal cases in the last week in July. At Moradabad the Second Queen's have also had a few cases, though of a milder type; while at Allahabad the second battalion Twenty-second Regiment has suffered somewhat more severely, losing ten men and an officer (Dr. Noad, whose death is referred to elsewhere) in a few days. In the Punjab cholera has also appeared at Peshawur, at Tangi in the Peshawur Valley, and at one or two places in the Khyber.

FRENCH WINES.—A correspondent of the *Temps*, who has been investigating the quality of the alcoholic drinks consumed in Paris, finds that no less than a third of the wine, beer, and cider sold wholesale or retail is adulterated, and of the cognac and other spirits not one sixth is pure; moreover, that in most cases the ingredients used are most deleterious.—*Med. Times and Gazette.*

MEDICINE AND SURGERY, ANATOMY, PHYSIOLOGY, AND CHEMISTRY.—Medicine and surgery proper must of necessity be taught by trained and experienced practitioners (London Lancet); but chemistry, anatomy, and physiology are best and most worthily taught by skilled professors free from the distracting anxieties of practice.



**A SANITARY INCIDENT OF THE WOOD-PAVING PROCESS.**—Whether the globules of diluted carbolic acid shot into the atmosphere of an operating theater, with the mitrailleuse-like spray apparatus, really hit and kill the minute “germs” supposed to be floating around, the dissemination of petroleum and tar in the general air of a thoroughfare in process of paving with wood by any of the several methods in use can scarcely fail to be healthful. The atmosphere is pervaded with the vapor, and it finds its way into the air-passages of the passing multitude, while it impregnates their clothes and overpowers less innocent odors, if it does not neutralize the floating infection of disease. Any one may be fumigated gratuitously at the cost of a few moment’s lingering over the reeking vats to be found in most of our principal streets. Nor is the opportunity an exceptional boon. What with asphalt paving and wood paving, more particularly the latter, there are few populous neighborhoods where an open-air fumigation may not be obtained. The perpetual repairing these pavements seem to require gives promise of a perennial enjoyment of the luxury. The incident of these processes to which we have alluded has doubtless a sanitary aspect that should be recognized. In the old days they burnt tar-barrels for health purposes; in these we pave our streets with a liquid disinfectant. Thus do modern improvements lead to public health.—*London Lancet.*

**NEW PROCESS OF EMBALMING.**—One of the most simple and effective processes, it would appear, for preserving the dead has recently been brought forward in Germany. By this method, it is stated, the dead bodies of human beings and animals fully retain their form, color, and flexibility continuously, and may be dissected, while decay and offensive smell are completely prevented, the muscular flesh upon incision presenting the same appearance as in the case of a fresh dead body. The liquid used for this purpose is prepared as follows: Three quarts of boiling water, three and one half ounces alum, six drams common salt, three drams saltpeter, two ounces potash, and two and one half drams arsenic acid; the salts are dissolved in the water, and then there are added two pints of glycerin and one pint of wood alcohol. The embalming is accomplished by simply saturating and impregnating the bodies with this composition, from one and a half to five quarts being used for a single body.—*Exchange.*

## Selections.

**Chronic Disease.**—One of the great therapeutical problems, if not the greatest of such problems before the profession in our time, is the treatment of chronic disease, and of those constitutional faults which underlie chronic disease. If the general practitioner will take his list of patients and write down in a corresponding list the names of each of their diseases, he will be surprised to find what a large proportion of his work has reference to disease that is not acute, and to ailments rather than to disease (*London Lancet*). This impression is got from practice only. In a hospital the medical student sees a severe class of cases, medical or surgical, representing accidents and emergencies and exceptions rather than the ordinary “ills that flesh is heir to.” But he will not have been long in practice before he finds out how different is the set of facts and failings with which he now comes to deal, and how much his peace and satisfaction as a practitioner depend on the intelligence with which he can formulate a judgment with regard to them. He will find his nosological list will not run so much in the heroic style, such as pneumonia, fevers, cerebritis, and peritonitis. It will take less acute forms, as dyspepsia, phthisis, albuminuria, lithiasis, constipation, hemorrhoids, epilepsy, hematuria, diarrhea, shock, diabetes, cardiac faults, cancer, gout, etc. An acute case or two no doubt give a practitioner much trouble and anxiety for a few days, but such cases are soon over, and the general principles upon which they are to be treated are now pretty well matters of agreement. But with chronic derangements it is otherwise, and unless their significance be quickly and intelligently apprehended the patient drifts into disease, and often into dissatisfaction either with the medical art itself or with the practitioner who in the particular instance represents it. . . .

We urge the importance of attention to chronic forms of disease from a conviction that it will yield satisfactory results both in a scientific and a practical respect. The drift of our contention may be thus expressed: First, that much of the disease that shortens and embitters life, where not altogether functional, is chronic—degeneration rather than disease; secondly, that there is reason to believe that the rate of such degenerative processes admits of being quickened or retarded; thirdly, that the indefinite retardation of a degenerative process is practically the extension of life to its natural limits, and the next best thing to a complete cure; that this retardation has come to be a prime function of scientific and practical medicine. We have not space for the elaborate discussion of these several propositions; but they are important with reference especially, be it noted, to the element of *time*, which, as the late Dr. Stokes used to say, constituted so important a factor in disease. Cases are recorded in which even cancer has extended over a period of twenty years or thereabouts. The question upon which light is needed is, Why did the cancerous process in these cases occupy so long a time? What was the condition of the patient, of his temperament, or circumstances, or diathesis, or of his medical treatment which may be held to have exercised a retarding effect upon an intensely morbid degeneration? Surely, if cancer can be extended over twenty years, the time may come when it may be extended over thirty, and practically cease to be a cause



of premature death. And of course, if a case of cancer can be so protracted, it is still more reasonable to hope that less intense and virulent degenerations, such as tubercle or fibrosis or atheroma, may be so extended. What we urge is that the accomplishment of this extension is not only a part of the science and practice of medicine, but is a most urgent and withal hopeful part of medical work.

Chronic disease and slow changes are too apt to be left to drift, or regarded both by the patient and practitioner as matters for domestic treatment. Can any thing be more unreasonable? . . . Medicines may contribute most importantly to it; but undoubtedly it will be done by Medicine rather than by medicines—by an intelligent use of all those means whereby glands and blood-vessels are preserved in their integrity and blood in its purity, and by bringing life to a close accord with the laws of health and hygiene. Of late the interest of physicians has been largely devoted to pyrexial disease, to complaints attended by high temperature, acute phenomena, and urgent danger, and this with great advantage. Surely so, when one physician alone has been able to record one hundred and twenty cases of uncomplicated pneumonia without a death; but meantime slow processes of disease are regarded with little more than pathological interest, whereas, if we be right in our views, they promise a field of hopeful and creditable work for the physician.

**Some Effects of Long-continued Lactation on the Ovaries and Uterus.**—W. Japp Sinclair, M.A., M.D., Hon. Physician to Manchester Southern Hospital for Women and Children, in a paper read before the Manchester Medical Society, March, 1880, (*Med. Times and Gazette*), concludes as follows:

1. Lactation tends to prevent conception by its influence on the ovaries in retarding their return to the state in which ovulation is perfect.

2. After weaning the evolution of the ovaries becomes more rapid than it is during any period of lactation.

3. After long-continued lactation its sudden cessation is liable to be followed by a rapid evolution of the ovaries and uterus, giving rise to symptoms of ovarian and uterine hyperemia.

4. Long-continued lactation may cause superinvolution of the ovaries and uterus, resulting, under favorable circumstances, in complete or partial prolapse of the uterus.

**Mr. Gamgee on the Essentials of Wound-treatment.**—They are accurate coaptation and absolute rest, to which position and pressure are eminently conducive. As a rule dressing should be dry and infrequent, and drainage adapted to circumstances (*London Lancet*). No amount of clinical experience can dispense with the necessity of closely watching the thermometer; and while attending to the constitutional state, the local process of healing, when languid, may be accelerated by some of the well-known stimulating and cleansing local applications. When the parts are irritable soothing applications are of service, and of these the least harmful and most generally useful is glycerin.

In directing attention to a group of cases successfully treated on demonstrably sound principles of physiology and surgery, I have expressly avoided entering upon a controversy which has for some time divided the surgical world. Disputations may be

more interesting than profitable; they often do much toward unveiling the truth, but they not infrequently obscure it.

The adage that many roads lead to Rome finds abundant illustration in surgical practice. Pin your faith to no master; be a slave to no system. The scheme of nature is broad and comprehensive; truth is catholic and many-sided. Your chances of interpreting it rightly and practicing it safely will be enhanced in proportion as you keep your mind unbiased by theories and fashions and try to imitate nature in method and in means.

[These be truly wise words. Mr. Gamgee is one of great England's great men.]

**A case of chorea in pregnancy treated by dilatation of the cervix uteri** was reported by Dr. Wade at the Obstetrical Society of London, Wednesday, November 3, 1880. An unmarried primipara, aged nineteen, nearly seven months pregnant, suffered from very severe chorea, which had commenced in a slight form three weeks before admission. A faint apex systolic bruit, probably due to rheumatic fever two years previously, existed. An attempt was made to dilate the os with the finger, but owing to the incessant and violent movements of the patient, the success was very partial, and there was, if any thing, an exacerbation of the symptoms. Three days after, under chloroform, the dilatation was completely effected; this was followed during the day by very marked amendment, and a sound night's sleep, the first she had had since admission, and every succeeding night was equally good. On the third day after dilatation the movements became worse than they had been on the two preceding days, and dilatation was again effected on the fourth day under chloroform. From this time steady, rapid, and unintermittent recovery supervened. A very slight occasional twitching of the fingers of the right hand continued until delivery at term of a healthy child, when they entirely ceased.—*Med. Press and Circular*.

**Diphtheria and Croup.**—There have been few subjects in pathology more debated than diphtheria and the special lesion which characterizes it, from which it takes its name; few about which so much needless confusion and mystery have clung. We may now fairly assume that the vexed question of identity between this disease and that styled "membranous croup" has been set at rest, and it is not intended here to raise it again. At any rate *it has been shown conclusively on all sides that there is no anatomical difference in the two diseases*, but only a topographical difference as to the seat of the exudation; and similarly one by one all etiological, clinical, and other distinctions have faded before the exhaustive analysis of modern inquiry. Still, however, pathologists have differed much upon the subject of the nature of the false membrane in diphtheria, and it is only one instance out of many in pathological histology which show *how various may be the interpretations put upon microscopical appearances*. The reason for divergence of opinion is not a simple one. It depends in one instance upon the different stages at which the exuded product has been observed; in another upon the different seats at which it has been formed; and sufficient account has not been taken of such essential points as these, while too much stress has been laid upon other and more accidental features.—*London Lancet*.



**The Real Cause of Miasmatic Contagious Pulmonary Tuberculosis and Chronic Pneumonia, with their Prophylaxis.**—By Dr. F. Eckland, Stockholm. Translated by B. C. Anderson (St. Louis Courier of Medicine):

Dr. E. makes the following deductions from clinical cases:

That no antagonism exists between consumption and malaria. That the micrococci in phthisical patients are often also to be found in the kidneys and even in the red blood corpuscles. That no micrococci are found in patients suffering from chronic pneumonia *vel scrofulosis*. That persons suffering from chronic pneumonia easily become phthisical by inhaling air that contains micrococci, and by reason of their debility are not able to throw them off as in the case of healthy persons.

It is not my duty to establish the source from which the micrococci are derived. I can not admit that they are generated spontaneously by the lung diseased, less so that they occur at the birth of every person, and exist as a part of the natural tissues, but that they are derived from without. I have collected from different places in Sweden, where consumption is prevalent, earth, mud, water, decomposing vegetable and animal material, from shallow lakes and sea-coasts, and have found by microscopical examination constantly existing micrococci identical with the phthisis bacteria; thus showing that they are of miasmatic origin.

Proof that the real phthisis is a contagious disease is amply illustrated in military barracks, where men are rather crowded and allowed to breathe air that is contaminated by phthisical persons (through dried sputa, etc.).

As regards the prevention of the miasmatic contagious consumption and at the same time the chronic pneumonia *in toto*, I will only invite attention to a few points. The necessity of dry ground by means of deep and large porous tile-pipes in the ground under and about the dwelling-houses, and of isolating the foundation and walls of houses by means of asphalt, cement, etc., from under- and around-lying grounds, to prevent its contamination with decaying organic matter. To lead the ground air through chimneys from rooms, halls, etc. To isolate one story from another. In short, to be surrounded by the best known hygienic precautions. To isolate the phthisis-patients from healthy persons as much as possible. In conclusion, to avoid every thing that weakens the body and mind, such as drunkenness, nicotin, trouble, sorrow, over-exertion, and especially cold and lung-inflammations.

**A Case of Sudden Death during Ether Administration.**—Reported by Robt. N. Hartley, M.R.C.S., in London Lancet:

The patient was a gentleman aged sixty-six, who had for some weeks previously been the subject of symptoms which eventually culminated in complete obstruction of the bowels, the site of the obstruction being thought to be either in the lower part of the descending colon or the sigmoid flexure.

As the only procedure holding out any hope of prolonging life, it was decided, in accordance with the opinion of Sir James Paget and Mr. Pridgin Teale, and with the full consent of the patient, to open the bowel in the right lumbar region.

Before the commencement of the operation the

patient was lying, or half lying in bed, with the head and shoulders well propped up with pillows, breathing regularly and without great effort. There was no complicating disease in heart or lungs, and the pulse, though rather quick and small, was not inordinately feeble. There was thus nothing to contraindicate the use of an anesthetic, or to make one more than usually anxious as to its effect. Some artificial teeth worn by the patient had been previously taken out, and one of the pillows was now removed for the more easy adjustment of the inhaler.

Ether was administered by Clover's smaller inhaler, two ounces being the quantity contained in the ether-chamber. The patient took the ether without the slightest hesitation or resistance, moderately inflating the india-rubber bag with each expiration, and in two minutes was quite anesthetic. He was now placed on his left side with the head lower, and in five minutes from the commencement of the administration of ether the line of incision was made by Mr. Teale. The patient was never allowed to become deeply "carbonized," and the inhaler was frequently withdrawn entirely. In ten minutes from the commencement of the operation, and just as I was engaged in counting the carotid pulse, which was beating evenly and with a rather stronger impulse than before the operation, he showed an inclination to vomit, and ejected a quantity of brownish fluid smelling strongly of brandy. He then took one deep inspiration, and seemed as if inclined to vomit again; but his head sank back on the pillow, and he quietly died, making no further respiratory effort, except one short gasp during the performance of artificial respiration. Prompt exploration of the fauces failed to show any mechanical obstruction to the breathing, and in spite of an immediate resort to artificial respiration and all other available means for restoring animation, our efforts proved useless. An examination of the inhaler showed that a little more than an ounce of ether had been spent. No post-mortem examination was made.

The interest of this case centers in the difficulty of defining the exact cause of death. The mode of death is one which unfortunately is not rare during the use of *chloroform* as an anesthetic, but is almost unknown while a patient is under *ether*.

There was no mechanical obstacle to respiration by the regurgitation of any thing into the larynx during the act of vomiting. Nothing solid had been introduced into the stomach for seven or eight days previous to the operation, and the vomited material consisted entirely of thin fluid. Moreover there was no paroxysmal or convulsive seizure such as would be likely to follow a sudden mechanical interference with the act of breathing.

Two circumstances may have contributed to the suddenly fatal result:

First, the distension of the bowels possibly interfering to some extent with the descent of the diaphragm, and hence with an easy respiration, though neither before nor during the administration of ether had the patient shown any considerable difficulty or distress of breathing. Mr. Teale regrets, however, that he did not at once complete the operation, and rapidly open the bowel, and thereby reduce one factor—the distension by gas.

Secondly, the undoubted tendency to death from asthenia in cases of abdominal obstruction. In this particular case the lungs having been more or less emptied of air by the act of vomiting, the additional quantity of blood drawn into the heart and large



vessels by the next inspiratory effort might easily have brought the feebly-acting heart to a standstill. Mr. Clover suggests to me that by the eructation of fluid containing brandy the ether may have been mixed with alcoholic vapor, which would add to its narcotizing effect, and thereby tend to increase the cardiac depression.

**On Some Uses of Turpentine.**—Brinsley Nicholson, M.D., in *Medical Times and Gazette*:

*In syphilitic plaques.* Called to take temporary charge of a regimental depot hospital, I found there two cases of this—twin cases. Both men were good and well-made specimens of the British soldier, and otherwise in apparently good health. Both had in one limb subcutaneous plaques adherent to the skin above and below Poupart's ligament. In hospital before, and treated with iodide of potassium, they had apparently got well, but had returned almost immediately to hospital as bad and as lame as before. They were again getting iodide of potassium, and I merely superadded some plates of lead locally and a compressive bandage. One, freed from all appearance of disease was, after due caution, discharged with three days' convalescence. Almost immediately, however, after his return to duty he reappeared before me in the same state as at first. On this I changed the treatment, and gave them either half a dram of turpentine thrice a day or a dram twice a day, made into an emulsion with water and liquor of potash, under this they rapidly got well, were discharged, and did not return.

Some two or three years afterward I was shown by a medical friend one case of plaque, and another of syphilitic orchitis, both of which had resisted treatment. I narrated my experiences, and turpentine was tried. The plaque case got well. The orchitis remained unaffected.

*In syphilitic iritis.* In this, in which I have had, I think, a somewhat large number of cases, I did not find turpentine act as has been stated. Perhaps the following will best give my experience of it: I took charge of a man recovering from the last of several relapses. He had been somewhat profusely salivated, and the salivation continued. Before it ceased he had another relapse. I gave one-dram doses of turpentine as above, using belladonna or atropine locally. The result was a speedy cure. Afterward the salivation having ceased he had, while still in hospital, another attack. Turpentine was again given, but this time without effect, and I was obliged to have recourse to mercury, under which he recovered. Of his further history I know nothing. I would only add that in other and more ordinary cases I did not find turpentine of any use.

Perhaps it may not be out of place to give the treatment which, after trials, I was led to adopt as the most effectual in syphilitic iritis in its ordinary subacute or chronic form. Instead of calomel or blue pill, as formerly, I more lately gave the protiodide or green iodide of mercury in quarter-grain doses three times—sometimes increased to four times—a day, until the gums were just or barely touched, and no more. If necessary the action was kept up to this extent (though I always observed amelioration to be coincident with this mark of constitutional effect), but went no further. With the protiodide was usually combined the same or a similar quantity of belladonna, and belladonna or atropine was of course used locally. Under such treatment the patient is saved the often excessive salivation, his gums being

rather affected and marked than he himself salivated (in any appreciable degree), while his after-health does not show that anemic or cachectic appearance so often seen after the use of calomel or other mercurials.

*In ulceration.* Already, in speaking of solid or lead compression in the treatment of wounds and ulcers, I have spoken of the advantages of turpentine in the sloughing or phagedenic ulcerations that are sometimes the sequel of fevers.

*As a coagulant.* On account of the surgeon's absence I was sent to take charge for three days of a hospital where there was a case of aneurism in which compression was being tried, and where there were some fears of its bursting. The aneurism was in the lowest third of the thigh, apparently about the size of a goose's egg, and though—as I of course at once satisfied myself—compression had been applied effectually in the usual inguinal space for over or about three weeks, there were no signs of coagulation. . . His bowels being constipated he had first, as the most speedy and suitable purge, a turpentine enema. Next morning as I advanced to his bedside one of the two assistant surgeons informed me that coagulation had taken place throughout the greater part of the aneurism. By the evening it was completed. Next morning reliquefaction had begun in the upper portion, and progressed; but as this was my third day, I saw no more of the case. Eventually I believe the leg was removed by amputation.

**Treatment of Diphtheria.**—Dr. Callan, in the *Proceedings of the Finland Practitioners*, quoted in the *St. Petersburg Med. Woch.* for August 7th, states that he has derived so much benefit from the external and internal use of the sesquichloride of iron that he regards it as much a specific for this disease as quinine is in intermittent fever. Locally he applies one part of the liquor ferri sesquichlor. with one or two parts of water, morning and evening, by means of a thick, short-cut charpie pencil, rotating it against the pseudo-membrane, which after some hours almost always becomes detached, so that the bleeding mucous membrane becomes cauterized. The nose is syringed with a solution of half this strength, and the throat is gargled with milk. From ten to fifteen drops of the sesquichloride are taken in six ounces of water, in teaspoonful doses, every ten or fifteen minutes in the day, and every quarter or half hour in the night. Cold milk is the best food. The treatment is very troublesome for the attendants, but it is so successful that Dr. Callan states that, since the year 1861, of more than one hundred and fifty patients he has not lost one. The treatment, however, should be begun early and strongly persevered in. Usually about the second or third day the pulse becomes slower and fuller, and the sticky sweat, which generally accompanies diphtheria, diminishes, together with the febrile temperature. On an average, nine days have been required for the cure. When this is accomplished the greatest care is still required, as sudden movement of the child may cause fainting or even death. [The employment of the perchloride of iron, both locally and internally, in diphtheria, is nothing new, though Dr. Callan's energy of employment is perhaps new. Certainly his success is. We transcribe his statement because it is so positive; but it certainly seems strange that, as in Russia diphtheria is depopulating some regions, he has not taken more pains to make so certain a cure known. His own cases, he admits, were mild ones.]—*Ibid.*



# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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No. 4.

R. O. COWLING, A. M., M. D., . . . . . Editor.  
H. A. COTTELL, M. D., . . . . . Managing Editor.

THE correspondent of the Cincinnati Lancet, in his letter published a few weeks ago, fell into several grave errors in recording his opinion of medical affairs in this city. As to the supposed decadence of the schools of this city we spoke last week—and indeed once before—and now it becomes us, we think, to correct his statements concerning the state of feeling concerning the doctors of Louisville. He has said it, and what gives it more moment it has been repeated elsewhere, that the quarrels in the profession here are so bitter as to interfere with the success of any medical convention held in this city. This is wrong on two points: There is no bitterness between members of the profession of Louisville worthy of note; and medical conventions assembling here, as a rule, are eminently successful. That the Tri-States convention was a partial failure was no fault of individual dislike, but partly because the organization itself made it so, and partly by reason of the fact that, being looked upon as a supernumerary affair, the profession generally did not see why it should meet any where. The National Association and the State Society have, we think, never had cause to complain of treatment in this city. So far as the last is concerned, it has a standing invitation to meet in Louisville whenever it feels like it, and it has already embraced the invitations a number of times.

It may not be a matter of great concern to the profession what the doctors of Louisville think of each other, but as an organ of

the home profession, we take the space to correct a misstatement concerning the matter. It strikes us that a very friendly feeling exists between the Louisville doctors, singularly so indeed when the number of schools are taken into consideration. And now that we come to think about it, we don't remember to have noticed any particular gush of sentiment between our medical cousins in Cincinnati or New York. Certainly the Miami and Ohio Medical are not in perpetual embrace; nor is there between the University and Bellevue and the College of Physicians and Surgeons any action which would cause one to declare that they were decidedly spoony.

IN common with all the profession of the country were we pained at the severe illness of Marion Sims, and sincerely trust that the convalescence which is announced will be steady and swift. The balmy airs of Florida which, it is said, he will now seek, were never invoked to heal a better man, nor one to whom American medicine owed more.

THE Messrs. Henry Lea's Son & Co. have introduced the half-Russia binding for medical books. The new editions of Flint's Practice and of Bryant's Surgery came to us in this elegant form. The enterprise of this ancient house is exceedingly commendable. The esthetic is never out of place, and the doctor will love his companions all the better for an elegant dress. Whatever differences of opinion may exist on the present state of American medicine, the American profession has just cause to congratulate it-



self on the high stand taken by its publishers. The civilized world does not surpass these in the excellence of their work. The Leas, the Woods, the Houghtons, and the Lindsay-Blakistons add to our national fame.

## Original.

### ANEURISM OF THE AORTA DIAGNOSED BY MEANS OF THE LARYNGOSCOPE.

BY C. E. BEAN, M. D.

*Member of the American Laryngological Association.*

Aneurism of the aorta is not of so infrequent occurrence as to have special attention directed to it, but this case is of interest as demonstrating the value of the laryngoscope in such cases, the diagnosis being made by the use of the laryngoscope, none of the physical signs of aneurism being present.

Robert C., aged forty-two, engineer, presented himself at the throat-clinic in Jefferson Hospital on the 29th of September last, and gave the following history: In December, 1878, while running his engine an explosion of the boiler occurred, and he worked very hard in the heat and steam. He then went out into the night air and got chilled. Two days after his voice became hoarse. This gradually grew worse, until at the end of a week there was almost complete aphonia; but at no time was there any pain or soreness in the throat. Deglutition now began to be interfered with, the substance swallowed seeming to stick opposite the lower border of the manubrium sterni. Since then he had had more or less difficulty in swallowing. About a week after the explosion he began to cough, expectorating a thick, frothy mucus. Three months later he began to have a sense of fullness in the upper part of the chest, just behind the sternum. This had not grown any worse up to the time I saw him. The respiration was not materially interfered with. The cough had assumed a ringing, metallic quality, although it was occasionally of a wheezing character.

On a laryngoscopic examination I found paralysis of the left vocal band, it being in the cadaveric position; otherwise the larynx was normal. Dr. Cohen examined him next day and detected thrills below the clavicles on either side, synchronous with the pulse. These disappeared the next day after the

patient was placed in bed. There was no perceptible difference in the radial pulse of the two sides, and the heart-sounds were normal. The left pupil was considerably contracted, but this, the patient said, had been the case as long as he could remember. A diagnosis was made of aneurism of the aorta, producing paralysis of the vocal band by pressure on the left recurrent laryngeal nerve. He was prescribed one dram of the iodide of potassium daily, absolute physical rest, and restricted diet. He was examined by several experts in physical diagnosis, who denied the existence of an aneurism. The above prescription was changed a week later for a pill containing strychn. sulph. gr.  $\frac{1}{36}$ , ferri redact. gr. ij., and aloin gr.  $\frac{1}{8}$ , three times a day.

Nov. 1st. Cough began to grow much worse, and the dysphagia increased. He also complained of a shooting pain commencing just below the left nipple and extending up to the back part of his neck; worse when lying on the left side.

Nov. 7th. Complained of a similar pain of the right side, and the dysphagia was greatly increased. Was given five-grain doses of the muriate of ammonia and one-dram dose of the infusion digitalis three times a day. As he was getting no better, and the diagnosis of aneurism was still disputed, he was allowed to get up and eat any thing he wanted.

Nov. 11th. Dyspnea very much increased, and the cough more severe, with free expectoration of thick, frothy mucus; inability to sleep on account of pain. Having tried piscidia erythrina in other cases, I concluded to try it in this case, and gave one dram of the fluid extract at 9, 10, and 10:40 P.M., without causing sleep or diminution of pain, only causing profuse perspiration.

On the morning of the 13th of November was called hurriedly to see the patient, and found him gasping for breath, unconscious, face and neck very much congested. I immediately performed tracheotomy, introduced a tube and tried artificial respiration, but to no avail. The patient died in a few minutes.

From the post mortem I have the following notes: The apex of the heart corresponded to the left sixth intercostal space, one inch beyond the line of the nipple. The upper part of the anterior mediastinal space was broadened and filled with a fluctuating mass, commencing at the upper border of the pericardium and extending to the sternal notch. The heart and lungs,



with the descending aorta, were removed *en masse*. It was found that the aorta was dilated into a large sac, commencing just above the valves and involving the arch to a point beyond the left subclavian artery. The sac of the aneurism was tightly adherent on the left side of the second and third dorsal vertebræ. On removing the mass the wall of the sac was found to have disappeared at this point. The aneurism had deflected the lower portion of the trachea strongly to the right, and pressed mostly on the root of the right lung. On looking into the trachea it was seen its caliber was nearly closed by pressure. Examining the interior of the aneurismal sac, it was found that the lower tracheal rings, partly calcified, had been laid bare and eroded by the pulsation; they protruded with the aneurismal cavity. The left pneumogastric nerve was found running over the aneurism, and had been evidently much pressed upon. The right nerve was less involved. A large ante-mortem clot was discovered in the sac.

There is only one point in connection with the death of the patient that I wish to call special attention to, and that is, while death from thoracic aneurism is most frequently due to rupture of the sac, in this case there was no rupture; and certainly the pressure upon the trachea was not the immediate cause of death. I think the immediate cause of death was due to pressure upon the left pneumogastric nerve.

LOUISVILLE.

## A CASE OF VARICELLA GLOBULARIS.

BY E. KEMPF, M. D.

Flint considers varicella, or chickenpox, an affection quite insignificant, except with reference to the question as to its having pathological relation with smallpox, and to its discrimination from modified variola or varioloid. He also divides the disease into several forms, among others varicella lentiformes, varicella coniformis, and varicella globularis. He acknowledges that the discrimination of varicella from varioloid is not always easy, but always of great importance. The responsibility and anxiety connected with the following case induce me to report it.

During the prevalence of an epidemic of chickenpox, most of the cases being very mild and unnoticed, I was called to see a boy who had been laboring under a severe attack of influenza (bronchitis) for several

weeks, and who a few days since had been attacked "by some sort of pox," as the messenger expressed it. I found the boy restless, thirsty, feverish, and covered from head to foot with large globular vesicles about as large as a pea; temperature 103° F.; pulse 130; tongue coated and dry; bowels constipated. His face was swollen, eyes watery and painful, and the mucous membrane of the mouth showed traces of the vesicles upon the lips and under the tongue. The vesicles appeared first and most abundant on the face. They were not preceded by papules, were not umbilicated, but had a red base, and appeared, as smallpox papules would, first on the face, then on the body, and lastly on the arms and legs. Undoubtedly the undermined constitution of the boy predisposed him to a severe attack of the chickenpox, which was then the epidemic.

The friends and parents requested a positive diagnosis, and I gave them one of "globular chickenpox." Not being trusted, except by the parents, I and the house were shunned. This suited me very well in a sanitary point of view; and although I felt uneasy, because my reputation was at stake, I became more assured as the case progressed. The stage of eruption lasted nine days, by which time the vesicles, instead of suppurating, dried up, and the crusts, which were granular, disappeared, leaving no pitting. Before drying up the contents of the vesicles became opaline and very much like pustules. After the desiccation of the vesicles new ones would frequently appear, especially upon the arms and legs. A few bullæ appeared upon the face and nose. I gave patient two grains of quinine three times daily, whisky toddy, egg-nog, and a cough-mixture for the bronchitis.

Though recollecting the theory of Hebra, that the cause of variola, of varioloid, and of varicella were identical, I took the ground that the case was varicella globularis in a very severe form, for the one reason that the vesicles were not umbilicated, although the other symptoms were those of smallpox.

The case convalesced, and no other severe case came under my notice, although the brothers and sisters afterward had light attacks of chickenpox; which proved that the diagnosis I made to suit myself, and not my friends, was correct.

FERDINAND, IND.

THE plague reported from Russia is probably typhus.



## Correspondence.

### "HOW SHALL THE DOCTORS GET MORE MONEY?"

*Editors Louisville Medical News:*

There is room here for a good deal of writing, and as so many gentlemen in Kentucky are interested in a satisfactory answer to your question, I hope we shall find some good reading in the MEDICAL NEWS.

The first step toward more money is to place the money aspect of the profession on the same footing with every other business. You have credit in any business house in the city *for thirty days*, but at the end of thirty days you are expected to pay, and a bill is sent. If Mr. Marshall makes you a pair of boots he asks for the money at the end of the month. Mr. Hibbitt will sell you the groceries you need and wait till the month runs out. Sid Platt will make you half a dozen shirts and send them to you neatly folded, but asks for pay in thirty days, and *expects* it. The New York Store sends you dry goods, and McKnight sends you carpets, the butcher furnishes steaks and mutton chops, and you know exactly the amount of your account in thirty days. Mr. Winter will sell you the best suit in his house, and you are reminded in thirty days of the exact cost. The sum total of all these things is a hundred or two dollars. In the meantime you have made a hundred or two dollars, but when do you expect to get it? Certainly, not till the 1st of July. How are you going to pay unless you have a bank account, and how many doctors have? You will be bankrupt at the end of the first month.

All the gentlemen from whom you have made purchases during these thirty days have had their families cared for by some medical man among your friends, and while each of them has demanded payment for services rendered, not one of them has paid his medical adviser. Then I say the dollar-and-cent aspect of the profession must be placed on a footing with any other business, and there is nothing in the nature of things which forbids it. Your service in adjusting a fracture or treating a case of pneumonia is just as important to the clothier or the carpet merchant as his overcoat or his carpet is to you. He puts in capital, and must get a per cent in order to live. Your capital, instead of gold and silver, is special education, experience, skill, and upon this capital you have just the

same right to a per cent that the merchant has. The difference between you is the readiness with which he demands his interest and the tardiness with which he pays yours.

Establish this as a rule, and I think I see "more money to the doctors."

This covers one branch of the answer to your question. I think the answer is complete when I say quit making so many doctors. Let us make them by tens instead of hundreds, by hundreds instead of thousands. This city has two hundred doctors, and yet I presume the visiting work is done by fifty or seventy-five. The other one hundred and twenty-five or one hundred and fifty might be productive workers in some other vocation rather than drones in this busy hive.

In this lessened doctor-making I think we get a glimpse of "more money to the doctors."

I hope to be entertained for weeks to come by answers from many gentlemen to your very pertinent question.

LOUISVILLE.

ONE OF THEM.

### NOTE ON A CASE OF POLYURIA SUCCESSFULLY TREATED WITH ERGOT.

*Editors Louisville Medical News:*

An Englishman thirty years old came under observation early in January of last year, suffering from diabetes insipidus of several weeks' standing. He was debilitated, pale, and anemic, complaining of excessive thirst and a constant inclination to urinate, which at night was so urgent as almost to deprive him of sleep. He was unable to assign any cause for the occurrence of these symptoms; had not recently been subjected to any severe exposure or violent muscular exertion; did not know that he had ever had malarial poisoning, and was free from venereal taint; used alcohol, but had committed no excesses for many months. When he came under treatment he was voiding from ten to twelve quarts of a pale, slightly acid urine, having a specific gravity of 1.008, in the twenty-four hours. His thirst was most inordinate, and although he made heroic efforts at self-restraint the amount of water imbibed was large. His appetite was impaired, and he suffered seriously from constipation.

The prevalence of malarial diseases in the surrounding country led to the exhibition of quinine in full doses, but no effect upon the disease followed. He was then placed upon fluid extract of ergot in half-dram doses given every four hours. At the end



of the first week the amount of urine voided in twenty-four hours had sensibly diminished. At the end of the second week the amount passed was reduced more than one half, and the thirst had almost disappeared. The same dose of ergot was given three times a day for two weeks longer, when, all the symptoms having disappeared, he was discharged.

At the date of writing this note, seven months after treatment had been suspended, at my request the man made an observation of his condition. He found that the amount of urine passed in a given twenty-four hours amounted to forty-seven ounces, and that it had a specific gravity of 1.020.

ELY M'CLELLAN, M.D.,  
Major and Surgeon U. S. Army.

*Editors Louisville Medical News:*

Although but half of your former self remains for this year, you have lost none of your beauty or sweetness; you are still a spiced syrup. If you should prove half as good this year as you did last, you will still be a treasure to us country doctors.

Now, Mr. NEWS, being possessed of an important fact in regard to the treatment of diphtheria, a disease now prevalent, I will present it to you as a New Year's gift.

Diphtheria is a constitutional disease with local manifestations. I regard it as a very important step to get rid of the patches deposited upon the fauces and mouth. To remove all of these promptly, apply with a mop saturated with turpentine. This article penetrates through the tough deposit, lifts it off, and leaves a red, shining base, that very soon gets well. Apply every two or three hours until every vestige of this dirty white deposit disappears and fails to return. I give my patients tinct. iron largely, with quinine and the best old whisky freely, with an ample supply of liquid nourishment. Husband the strength of the patient. No purgatives save as a dire necessity. I regard the turpentine worth more than all other local applications. I still use chlorate of potassium, but doubt its real value. I do not say this plan will cure every case, but I do say it is wonderfully successful. I have been using it successfully for years.

W. W. CLEAVE, M.D.

LEBANON, KY.

A UNANIMOUS request from his colleagues has prevented the withdrawal of Prof. Vulpeau from the Paris Faculty of Medicine.

## Books and Pamphlets.

WHAT TO DO FIRST IN ACCIDENTS OR POISONING. By Chas. W. Dulles, M.D., Surgical Registrar to the Hospital of the University of Pennsylvania; Surgeon to the Outdoor Department of the Presbyterian Hospital, in Philadelphia. Philadelphia: Presley Blakiston, 1012 Walnut Street. 1880.

A TREATISE ON ALBUMINURIA. By W. Howshig Dickinson, M.D., Cantab., Fellow of the Royal College of Physicians; Physician to St. George's Hospital; Senior Physician to the Hospital for Sick Children; Corresponding Member of the Academy of Medicine, New York. Second edition. New York: Wm. Wood & Co., 27 Great Jones Street. 1881.

AMERICAN HEALTH PRIMERS: THE SKIN IN HEALTH AND DISEASE. By L. D. Bulkley, M.D., Attending Physician for Skin and Venereal Diseases at the New York Hospital, Out-patient Department; late Physician to the Skin Department, Demilt Dispensary, New York; etc. Philadelphia: Presley Blakiston, 1012 Walnut Street. 1880.

COMPENDIUM OF MICROSCOPICAL TECHNOLOGY: A Guide to Physicians and Students in the Use of the Microscope and in the preparation of Histological and Pathological Specimens. By Carl Seiler, M.D., late Director of the Microscopical and Biological Section of the Academy of Natural Sciences of Philadelphia; Curator of the Pathological Society; Pathologist and Microscopist to the Presbyterian Hospital; etc. Philadelphia: D. G. Brinton, South Seventh Street. 1881.

SLIGHT AILMENTS: THEIR NATURE AND TREATMENT. By Lionel S. Beale, M.B., F.R.S., Fellow of the Royal College of Physicians; Professor of the Principles and Practice of Medicine in King's College, London, and Physician to King's College Hospital; lately Professor of Pathological Anatomy, and formerly Professor of Physiology and of General and Morbid Anatomy in King's College. Philadelphia: Presley Blakiston, 1012 Walnut Street. 1880.

A MANUAL FOR THE PRACTICE OF SURGERY. By Thomas Bryant, F.R.C.S., Surgeon to and Lecturer on Surgery at Guy's Hospital; Membre Correspond de la Société de Chirurgie de Paris. Third American, from the third revised and enlarged edition. Edited and enlarged for the use of the American student and practitioner, by J. B. Roberts, A.M., M.D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy; Recorder of the Philadelphia Academy of Surgery; lately Assistant Eye Surgeon to the Children's Hospital; etc. With seven hundred and thirty-five illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE. Designed for the use of Practitioners and Students of Medicine. By Austin Flint, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in Bellevue Hospital Medical College; Fellow of the New York Academy of Medicine; Honorary Member of the Medical Societies of the States of Virginia, Rhode Island, Kentucky, and Massachusetts; Associate Fellow of the College of Physicians, Philadelphia; Honorary Fellow of the Medical Society and of the Clinical Soci-



ety of London; Corresponding Member of Academy of Medical Science in Palermo; etc. Fifth edition, revised and largely rewritten. Philadelphia: Henry C. Lea's Son & Co. 1881.

WESTERN FARMER'S ALMANAC. Fifty-fourth issue. Louisville, Ky.: John P. Morton & Co. Price, 10 cts.

The Western Farmer's Almanac is the very best of its class. It contains, besides the calendar, a lot of useful and agreeable information that will make it welcome in every household. The present number contains, among other matters, A Farm Ballad, by Carleton (decidedly the best that he ever wrote); The Sun, by Proctor; Trees for Timber, by Thos. Harper, U. S. Inspector; Silk-culture in the United States, by Prof. Riley; Hints for the Care of Farm-animals, by Prof. Law, of Cornell; etc.

## Formulary.

### TREATMENT OF CONVULSIONS IN CHILDREN.

M. Simon recommends careful exclusion of excitement and attention to the digestive organs for the purpose of preventing convulsions in nervous children (Practitioner). At the same time he gives bromide of potassium.

℞ Orange-flower water..... 120 grams; \*  
Bromide of potassium..... 2 "  
Cherry-laurel water..... 15 "  
Ether ..... 2 or 3 drops.

Of this mixture he administers the fourth part daily, suspending its use after four or five days. The attack itself generally follows upon indigestion. He then prescribes as a purgative enema—

℞ Sulphate of soda..... 10 grams;  
Senna-leaves..... 8 "  
Water ..... 150 "  
Honey of mercurialis perennis.. 30 " M.

After that he gives an emetic, if the convulsion is already past, and then a few whiffs of ether. The doctor's duty is not yet over; there are still three remedies to be tried. He prescribes first an enema, given after the bowels have been opened:

℞ Water ..... 100 grams;  
Musk..... 10 or 15 centigr.;  
Chloral ..... 50 centigr.;  
Yolk of egg..... one half. M.

Then a mixture as follows:

℞ Bromide of potassium..... 1.50 centigr.;  
Lime- or orange-flower water, 120 grams;  
Cherry-laurel water..... 15 "  
Ether..... 2 or 3 drops;  
Syrup of codeia..... 5 grams;  
Simple syrup..... 30 " M.

Sig. A coffeespoonful every hour.

If the convulsions last till the second day, he prescribes mustard baths, repeated every three or four

hours. After some hours, if urine has been passed, the attack is at an end; if not, the treatment must be continued, for the attack may recommence. A great deal of urine is passed at the end of a nervous attack. If it is not all ended, put a blister on the nape of the neck for no longer than three hours. Envelop the lower limbs in cotton wool, and cover them with a large stocking.—*La France Médicale*.

### APPLICATION FOR THE CHRONIC PAINS OF SUBACUTE GOUT OR RHEUMATISM.

Dr. Lenoble, of Esternay (Marne), has used the following unguent in a case of subacute gout. He has also found it useful in his own case when suffering on the eighth day from acute articular rheumatism:

℞ Finely-powdered gamboge.... }  
Myrrh..... } āā 10 grams;  
Canella ..... }  
Salicylate of soda..... }  
Essence of turpentine..... q. s.

To be of a fluid consistency.

Three applications should be made daily by rubbing in the preparation briskly, and afterward covering the affected joints with wadding. The same formula will serve neuralgia, recent or of old standing, after the first days of the acute attack have passed.—*Bouchut's Compend. de thérapeut. franc. et étrang.*, 1880; *Practitioner*.

## Miscellany.

BETTER TIMES.—We don't think that our readers, in the fresh start with the new year, can take better stirrup-cups than a draught from this philosophy of the American Practitioner:

'T is ever and ever thus from childhood's interesting yet not wholly happy hour. There is never the end of an Old year but comes the beginning of a New one.

The gentlest of readers need not be startled by this seeming paradox, because it is, although very far from gay, not without a certain wisdom of its own, and is assuredly truthful.

The years come and go. The world grows older, and so do we; always a few pains the more in the back, which indeed are to be endured only through the composure, the courage, and the grace of a good manhood—and not easily so borne; cares always multiplying about the heart. The heart! what a little world it is! how populous! how complex! What wars it has, what loves, what hates, what griefs! It is as a Nation which begins a Republic, to end in a Despotism preceding chaos and utter oblivion.

*Delenda est Carthago*, or words to that

\* A gram is 15.432 grains.



effect; all must perish, but chiefly those who do not look to science, who do not love her, fear her, rely upon her, and pay her a fair day's wages for a fair day's work. Science! she is the only progress. She never sleeps. She never stops. Like the sun, she "renews her light forever." Like a Government-bond, science, unwearied and unwearied—although not, like the Government-bond, untaxed—is toiling for each and all of us, to lighten the load of ignorance that presses us down, down; to subtract the groans from the pains, to multiply the blessings, and, in short, to reduce the algebraic problems of death and disease to a tangible, simple single rule of three: Discretion+Understanding+Knowledge=the Ends of Life! But here science, pursuing the doctrine that God helps those who help themselves, says to man, "I can show you how to be healthy, wealthy, and wise; but you alone can teach yourself how to be happy;" wherein comes our observation about the heart—which "observation," as Cuttle (or was it Cuttle?) would say, "lays in the application on 't.'" In truth, the heart, as far as science goes, is almost as mysterious as the soul, which is a perfect mystery. Wherefore, brethren, look ye each to his own heart, albeit not downward, *sursam corda!*

The years go on and on and ever on, and death and taxes and unpaid doctors' bills accumulate. But it is worse than folly to cry, and sometimes things are too tragic to laugh at. The middle course is safest—in moderation to eat and drink, and, if not merry, to be content; for next year will be sure to right the wrongs of this, if we have only the wit to forget them. The present is with us; the future is with God. Life's troubles come never too late, and sorrow is one of the penalties of anticipating sorrow. The Old Year is gone. Here stands the New Year, all bridled and saddled, at the door. Brother, his name shall be "Better Times" if you will it so. Mount, and a happy ride to you!

"If to hope overmuch be an error,  
 'T is one that the wise have preferred;  
 For how often have hearts been in terror  
 Of evils that never occurred?"

"Have faith, and thy faith shall sustain thee;  
 Permit not suspicion or care  
 With invisible bonds to enchain thee;  
 But bear what God gives thee to bear.  
 By His Spirit supported and gladdened,  
 Be ne'er by forebodings deterred;  
 But think how oft hearts have been saddened  
 By fear of what never occurred."

"Let tomorrow take care of tomorrow;  
 Short and dark as our life may appear  
 We make it the darker by sorrow—  
 Still shorter by folly and fear.  
 Half our troubles are half our invention,  
 And often from blessings conferred  
 Have we shrunk in our wild apprehension  
 Of troubles that never occurred."

SEWAGE AND TYPHOID.—It would be hard to find a better illustration of the doctrines which we have elsewhere endeavored to enforce with regard to the origin of typhoid than that afforded by the following extract from the Times of December 24th (Med. Times and Gazette): "At the Mansion House, on the 23d ult., Mr. John Lynn, a refreshment and oyster-shop keeper, of 70 Fleet Street, was summoned before Alderman Sir William Anderson Rose for keeping in his shop a well used for domestic purposes, the water of which was polluted and unfit for use. Mr. Edgar Baylis, solicitor, appeared for the city commissioners of sewers, and stated that these proceedings were taken under the sanitary law amendment act. The well had been the subject of numerous complaints for some time past. As long ago as the month of June last the defendant had been warned by the authorities, and he then signed an undertaking, in consideration of which the authorities took no further steps against him, that the well-water should for the future not be used for either drinking or cooking purposes, and that the pump should be fastened by a chain and padlock during the hours he was licensed to carry on business. Since then, however, Dr. Sedgwick Saunders, the medical officer of health for the city of London, had visited the premises and found the pump unchained and in use. The water was analyzed and found to contain sewage-matter, which rendered it totally unfit for use. The object of these proceedings being taken was to get the court to issue an order for the pump and well to be permanently closed. The defendant stated that his father sank the well in 1826, and it had been in use since he was twenty years old. For the last nine months it had not been used for drinking or cooking purposes, but it was very useful for cleansing the shop. He gave his word that the water had not been drunk since June last, neither had it been used for cooking purposes. Sir William Rose said he was bound to believe the evidence of the medical officer. It did not appear to him that the defendant had any adequate reason for keeping the pump open. He must therefore make an order directing



the well to be permanently closed up forthwith."

It may be well to premise that the account here given, compared with that in certain of the other papers, has been considerably softened down. But, taking the statements as given, we have here a well of the old kind sunk deep enough in Fleet Street to find water in 1826, and in use ever since—up to a recent period, at all events—for all kinds of purposes. The water has come in the course of time to be little else than diluted sewage; yet we have no history of typhoid. Were typhoid begotten of such water alone, we shudder to think of what the consequences might have been. Lynn's is one of the oldest of the oyster-shops in London, and one of the very few which still maintain their pristine character. The *clientèle* is large and specially select, for it is much patronized by the barristers, solicitors, and men of letters who throng the vicinity. Any special outbreak among such a class could hardly have been overlooked. None has ever been recorded. But evidently all the conditions for generating an epidemic were here to hand, with one exception; that is, impregnation with typhoid discharges. But it is this very risk of specific contamination which should, as we have said, be carefully avoided. Where sewage can go, typhoid germs can go. The risk of both should be cut off at once by *filling up*, not merely by *closing*, this and such like water-sources.

**INFANTILE DIARRHEA.**—In his interesting report for Brighton Dr. Taaffe makes some special remarks on this subject (*British Med. Journal*). The total deaths from diarrhea amounted to one hundred and sixteen, and of these eighty-eight were of children under one year and eighteen under five years. Of ninety-one children who died from diarrhea, nineteen only were nursed by the mother. Of eighty-eight under one year, sixty-six were fed by the bottle—thirteen of these on condensed milk; three on the same with farinaceous food; one, milk and tea-biscuits; one, cow's milk, Nestle's food, and arrow-root; one, baked flour and milk; one, baked flour and water; one, Ridge's food; one, bread and arrow-root; one, mother's milk and Ridge's food; one, the same and biscuits. From a similar inquiry as to feeding made in 1875 Dr. Taaffe learned that of sixty-one children dying from diarrhea eleven only were nursed by the mother, and in several of these the nursing had been prolonged to between one and two years.

"From these facts it may be deduced that improper feeding and nursing are among the principal causes of infantile mortality from diarrhea. . . . But improper feeding does not give the whole explanation, for it goes on through the year, and it is principally in summer an epidemic of diarrhea occurs. Why is this? The only explanation I can at present offer is, that the bowels and stomach are in a state of subacute congestion for months previously; and climacteric and other epidemic influences, whatever these may be, act secondarily in determining the advent of the disease. An additional cause is want of attention to ventilation, so that the air becomes foul." To spread knowledge of this kind among the public is of the highest importance, and not the least of benefits to be expected from the appointment of officers of health.

**DEATH OF PROF. JULIUS VOGEL.**—Prof. Julius Vogel, the father of the medical faculty at Halle, died in that city on November 7th, in consequence of a rupture of the heart. He was born in June, 1814, and two years after taking his degree at Göttingen he was made an extraordinary professor in that university. In 1846 he was made an ordinary professor at Giessen, and nine years later he was selected as director of the medical clinic and professor of special pathology and therapeutics at Halle. Both these posts he had eventually to give up on account of bad health. . . . Of late years he was chiefly engaged with popular works, the best known of which is his description of the Banting cure in his work on Corpulence, which has reached its eleventh edition.—*Med. Times and Gazette*.

**SMALLPOX IN ENGLAND.**—In order to deal with the prevailing epidemic of smallpox, the managers of the Metropolitan Asylums Board held a special meeting last week, when a return was read showing that the number of smallpox cases in Deptford had increased week by week during the preceding six weeks from twelve to one hundred and thirty-two, in Homerton from ninety to one hundred and ten (after forty convalescents had been removed to Fulham), at Stockwell from thirteen to eighty-seven, at Fulham from three to forty-four—being an increase from one hundred and fifteen to three hundred and seventy-three. The beds still available are two hundred and sixty in number, but they are most of them remote from the center of the prevailing epidemic.—*Ibid*.



**A CARELESS BOTTLE-WASHER.**—A terrible example of poisoning by misadventure has occurred at Tournai, in Belgium, where four persons, having purchased some sulphate of magnesia, died a few minutes after swallowing the dose (*Presse Méd. Belge*). The expert, upon examining forty packets of this article in the shop of the *pharmacien*, found that eight of them contained strychnia in highly poisonous quantities. On examining the bottle whence the sulphate was taken, strychnia was found adhering to its sides, especially toward the bottom. The *pharmacien* declared himself utterly unable to account for the occurrence.—*Ibid.*

**CHIAN TURPENTINE IN CANCER OF THE UTERUS.**—Referring to my own experience (and it is abundantly confirmed by the published statements of other practitioners, as well as by numerous private communications in my possession), Chian turpentine in cancer of the uterus does relieve pain in the majority of instances. Hemorrhage is arrested. In some cases there is a marked diminution of the cancerous mass, and in others there is an apparent entire disappearance of it, as well as a marked improvement of the general health. In nearly all the cases which I have had under treatment for some time there has been a notable absence of glandular and secondary complications. Two of the cases, originally reported in *The Lancet*, which came under treatment respectively fourteen and thirteen months ago, are known to be still living, and in them there is no sign of a return of the disease, although one of the patients suffers from a difficulty in defecation from a stricture of the rectum; and a large number of cases have been under treatment at the Queen's Hospital during the past eight months which fully justify the previous observations as to the relief from hemorrhage, etc., by the administration of Chian turpentine. . . .

I think I am justified in coming to the conclusion that Chian turpentine is far from being "useless" in the treatment of cancer, and that as no other drug administered internally has hitherto been equally efficacious in relieving pain, arresting hemorrhage, and causing the disappearance of the growth—thus showing that it does "touch" the disease—it is the duty of the profession to ascertain and determine its properties thoroughly by beginning the treatment early and continuing it patiently, and to record the results; for I am fully convinced—leaving the ultimate results out of the question, as time

can alone determine them—that, if only for affording relief, the Chian turpentine is of inestimable value in the treatment of many cases of cancer.—*John Clay, M.D., in London Lancet.*

**THE MEDICAL NEWS.**—Dr. L. P. Yandell has been compelled by press of professional duties to retire from the position of associate editor of that model journal, the LOUISVILLE MEDICAL NEWS. In common with the press of the country the *Argus* regrets this fact. Together with Dr. Cowling he has made the NEWS a perfect daisy in the journalistic field. It is the one scientific journal coming to us whose editorials we always read, and we are not glad to give Dr. Yandell up.—*Sunday Argus.*

**DR. ALFRED SHEEN'S** operation for fistula is as follows: A sharp-pointed bistoury is pushed gently through the fistula on to the finger inserted in the rectum, and then brought down. He prefers this mode of operating to any other, as being the simplest. There need be no fear of wounding one's own finger if ordinary care is exercised.—*London Lancet.*

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## Selections.

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**No Purgatives in Tetanus.**—Mr. Alfred Boon, F.R.C.S., says (Practitioner):

The first few cases of tetanus treated by me in the West Indies had their full share of calomel and jalap and croton oil, and so on. They all died. About this time I looked carefully through the notes of a great number of cases of tetanus, and I observed that in many cases the patient had been doing very well till it had occurred to the surgeon that his bowels wanted opening, whereupon a dose of some powerful purgative, followed so frequently as to be more than a mere coincidence by an exacerbation of all the symptoms often speedily ending in death. Coupling this with my own experience, I came to the conclusion that this traditional treatment was altogether a mistake. Since then I have treated many cases of tetanus without purgatives, and have had the satisfaction of seeing a large proportion of them recover. . . .

Not many years ago it was proposed, and actually carried into practice, that the whole of the patient's spine should be blistered; and I believe that one or two patients actually recovered in spite of this treatment. Probably nowadays no one would venture to propose the rubbing in of croton-oil liniment into the back of a tetanic patient; yet there is no hesitation in applying the same irritating substance to the patient's gastric and intestinal mucous membrane, and setting up an irritation which can not but be hurtful to the patient's chances of recovery. It seems to me that of the two evils the constipated bowels are by far to be preferred.



If violent purgatives may do so much harm, the question arises whether we should entirely exclude the use of purgatives from our treatment. I am satisfied that in a large proportion of cases the bowels will act of themselves if left alone, and if no preparation of opium be given. The treatment which I have advocated in this journal and elsewhere consists of the exhibition of large doses of chloral and Indian hemp. With this I have rarely had occasion to order purgatives, and to this, in some measure, is probably due its success in my hands. No doubt, however, it is occasionally necessary to open the patient's bowels. He is restless, and complains of abdominal distress, quite distinct from the epigastric pain peculiar to tetanus, and a desire to go to stool without being able to pass any feces. Under these circumstances only do I consider the administration of laxatives justifiable in acute tetanus. The only one I have prescribed in such cases, and can therefore recommend, is castor oil, in dram doses, at pretty frequent intervals. It acts without producing abdominal irritation, or any general disturbance of the system. It is well to add a few minims of tincture of hyoscyamus to each dose.

With regard to the use of enemata: for obvious reasons they are calculated to do more harm than good, and should be ordered only under very exceptional circumstances, if at all.

**Dr. E. D. Dickson on the Plague in Russia of 1878-79.**—In Prischib there occurred sixteen cases of plague, all of them fatal. Dr. Cabiadis classes them in three groups (*Med. Times and Gazette*):

*First Group:* Arina Effrimoff, a woman twenty years of age, native of Vetlanka, but living with her husband in Prischib, went to see her relatives in Vetlanka upon the occasion of the death of her aunt, named Matrona. She staid at Vetlanka from November 30th until December 3d. On returning to Prischib she fell ill on the 5th and died on the 11th of that month. Through fear of catching the disease no one could be found to bury the body; her husband was therefore obliged to perform this painful duty himself, assisted by his younger brother, named Nicola. This family consisted of nine persons, eight of whom died. Four fell ill on the 14th, one of them dying on the 16th, and the other three on the 17th; on the 19th another fell ill, and died on the 21st; on the 20th two more of the family fell ill—one died on the 23d and the other on the 24th. Thus within thirteen days all the members of this family perished except an old woman named Russanova, who ran away.

*Second Group:* This group consists of four women, three of them Sisters of Mercy and the other was their servant. All of them died of the plague. The sisters of mercy went to Vetlanka during the epidemic for the purpose of reading prayers over the dead. They remained there six days, and returned to Prischib on December 8th. Upon the 12th all of them fell ill at the same time; one died on the 15th, two died on the 16th, and the fourth died on the 18th of that month.

*Third Group:* This consisted of four strong and healthy men, chosen by lot to perform the duty of burying the dead. They lived close to the abode of the aforementioned Sisters of Mercy. One of them, named Ivan Petroff, seeing that one of the sisters (Poliakova) was ill and had nobody to attend on her, went to her on the 15th, fell ill on the 18th, died on the 19th, and was buried by his companions. One

of these was taken ill on the 20th and died on the 23d; the two others fell ill on the 22d, and died on the 24th of December.

The plague therefore lasted in Prischib from December 5th to 24th, and destroyed sixteen persons. The symptoms manifested by them were tremor, constipation of the bowels, bilious vomiting, coma, heat of the head; in some cases high fever, cough, and headache, and in one case vomiting of blood. The bodies of the Sisters of Mercy and of their servant turned black.

On inquiry being made by Dr. Cabiadis, whether buboes had been noticed upon any of these cases, he was told that the patients were too ill to call attention to this indication, had it existed, and no one dared handle their persons from fear of catching the malady.

**The Treatment of Gonorrhea.**—Mr. W. Watson Cheyne, Assistant Surgeon to King's College Hospital, has carried out a series of experiments in the treatment of gonorrhea which are worthy of being extensively known. It has been demonstrated by Neisser that organisms are present in great abundance in gonorrheal pus, and Mr. Cheyne has verified the observations by inoculating cucumber infusions with some of the discharge. Acting upon the known effects of certain antiseptic materials, he decided to adopt iodoform and oil of eucalyptus. In order to bring them into certain contact with the suppurating surface, he had bougies made of these materials and cacao butter. The formula is five grains of iodoform, ten minims of oil of eucalyptus, and thirty-five grains of cacao butter. The bougie is introduced into the urethra, and a strap and pad over and around the orifice retains the bougie there until it is dissolved. After this an injection of boracic lotion (saturated aqueous solution of boracic acid) or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces) to be used for two or three days. At the end of that time injections of sulphate of zinc, two grains to the ounce, may be begun. For a day or two the purulent discharge continues, but afterward it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days.—*British Medical Journal*.

**Dr. Burnet on Flatulent Distention of the Colon.**—Here I would notice in passing the remarkable association that there is of mental depression with affections of the lower bowel. Whether the relation is sufficiently close to warrant its receiving the name of "colonic melancholia" I am not prepared to say, but I think it can not be denied that the depression of spirits which accompanies disorders and diseases of the colon and of the rectum is out of all proportion to the extent of the mischief. A recent writer on constipation, speaking of the effects of that condition on the nervous system, looks upon it as the result of blood-poisoning from absorption of some part of the fecal matter, and no doubt this takes place in cases of long-standing constipation; but from cases of the nature of those I am now considering, it is evident that a further element is involved. Why is a patient with flatulent distention of the colon utterly dejected, while one with lumbago is howling every time he moves, and then laughing at himself for crying out? That there is an intimate connection between the state of the bowel and the state of the mind I feel sure, but am unable to offer any satisfactory explanation of the fact.—*London Lancet*.



### A Case of Villous Growth of Male Bladder Successfully Removed by Perineal Incision.—

Mr. Davies-Colley read a paper before the Clinical Society, of London, on a case of villous growth of the male bladder successfully removed by perineal incision. Henry W., aged thirty-two, a shipwright, had suffered from hematuria for eight years. At first blood was passed only occasionally and in small quantities. Latterly the flow had increased, and he had been so weak that for sixteen months he had been unable to work. He was admitted into Guy's Hospital last March. His family history was good. He was strongly built and fairly nourished, but very anemic. There was a continual desire to micturate, and a feeling as if something always remained behind in the bladder. Blood was passed sometimes at the beginning, sometimes at the end, of micturition. No stone could be detected, and all efforts to find villous masses in the urine failed. No tumor could be felt per rectum. April 16th he was placed under ether. Mr. Davies-Colley then opened the bladder by the usual incision for lateral lithotomy. At first nothing could be felt. Then a slight projection was made out on the left side of the fundus, and a cord-like process running from it. In a short time the free end of this process, with a soft pinkish tuft of villi attached to it, was seen at the deeper part of the wound. This was seized with the forceps, drawn out, and the pedicle cut with scissors close to the wall of the bladder. No other growth could be felt. There was but little hemorrhage during the operation, and some which occurred in the evening was readily arrested by the injection of iced water into the bladder. He made a rapid recovery. In two weeks the urine ceased to flow from the perineum, and soon afterward the wound healed. . . . In this patient the diagnosis depended solely upon the long continuance of the bleeding and the absence of other causes. Perhaps the fact of blood passing sometimes at the beginning, at other times at the end, of micturition may assist in the detection of a growth. No doubt the villi were in this case sometimes washed into the prostatic part of the urethra, where they were squeezed, so as to give rise to a flow of blood before the urine; while at other times hemorrhage into the bladder was set up by the pressure of its muscular walls upon that part of the growth which lay in its interior.—*Med. Times and Gazette.*

**Abscess of the Cerebellum.**—By W. A. Ber-ridge, M.R.C.S., L.S.A. This very interesting case is from the London Lancet:

A. D., aged seventeen, had suffered from time to time since he was two years old from "gatherings in his head," which "broke" and "smelled very bad." He went to school when five years old, but never got on well. The schoolmaster said "he was stupid and would not learn." Still he learned his letters, and could hold his own in play with other boys. He had no particular illness, never had scarlet fever, and had no signs of congenital syphilis, but often suffered from headaches and the aforesaid "gatherings."

When first seen (August, 1879) he was tall, pale, and rather thin. He spoke as I have noticed patients with organic cerebral mischief generally do, his words beginning with a "jerk" and ending with a drawl; or, in other words, the first part of a word being sharp and rather acute, the latter part grave and always prolonged. His mother said, "I have sent for you because he has a cold in his head, and

can not smell." On further inquiry, "he had headaches, occasional retchings, and felt giddy;" but he could not describe his "giddiness." He had no "reel." He ate ravenously. Urine 1.015, acid, no albumen, no sugar. Temperature normal. He had no paralysis. Pupils dilated but responded to light.

On examination with the ophthalmoscope, "the edges of both disks were rather indistinct, but there was nothing definite. After some treatment he improved, and was lost sight of for several weeks. When seen again (December, 1879) his smell had returned, but he had lost his sight; he was quite blind. The edges of the disks were now quite obscured, the vessels partly covered by exudation; that is to say, he had well-marked double optic neuritis. He vomited frequently, and complained of intense pain at the back of his head. He had now the three cardinal symptoms—headache, vomiting, and double optic neuritis; he had also a long history of ear-discharge; so there was no difficulty in saying he had an abscess in his brain, and that he would die, most likely suddenly.

He died quite suddenly on March 12, 1880. Next day I opened the head. The convolutions were pale and somewhat flattened. Nothing was noticed until slicing the cerebellum. There was a large abscess involving nearly the whole of the right lobe of the cerebellum, and containing about three ounces of "laudable pus."

**The "trained nurse"**—that is, the woman trained to nursing as a specialty—is an anomaly (London Lancet). Every scrap of information she possesses beyond the mere routine service of sick-tending is not merely useless, but mischievous. It is almost sure to be brought to bear on the patient, to the injury of the case, and the disadvantage of the medical attendant. A trained nurse is a half-educated woman, who has acquired just enough knowledge to make her dangerous. The sick person is regaled with reminiscences of other "cases" attended by the trained nurse, with this or that physician or surgeon. She is the chief and prominent figure in the pictures painted for the edification of the patient and the friends. The "doctor" occupies a subordinate place, and is changeful. Sometimes it is one and sometimes another practitioner, and the nurse does not scruple to state her preference, which is generally for the medical attendant who most defers to her judgment, and leaves the patient practically in her hands. She has no scruple in forming an "opinion" of the case, and little, if any, hesitation in expressing it. In reply to the very natural question, "What do you think, nurse?" she delivers her dictum as a skilled authority, and both patient and friends are much impressed by what she has to say on the subject. Not a few of these intruders into the sick-chamber employ their own methods and even administer their own remedies. The sick are wholly at their mercy. They are trusted and obeyed because they are "trained nurses." The medical profession is keeping up and extending this evil by recognizing the trained nurse. The policy adopted is opposed alike to the best interests of the sick and of the profession. If practitioners either lack the knowledge or the inclination to give personal and explicit directions for the "nursing" of their cases, they must at least understand that by intrusting the duty to trained nurses, they are jeopardizing the lives or the health of the patients who confide in them, and sacrificing their proper professional influence.



**Gout.**—"An attack of gout," says Sir Henry Holland, "consists in, or tends to produce, the removal of this matter [uric acid] from the circulation, either by deposits in the parts affected, by the excretions, or in some other less obvious way through the train of actions forming the paroxysm of the disorder" (Geo. Budd, jr., in Brit. Med. Jour.). And that less obvious way is now discovered to us; for we find that fibrous tissues are truly centers of elimination, and that in them lie the entrances to the eliminative lymphatic system. And, further, Chrzonszczewsky found, in his observations upon the peritoneal cavity of fowls whose ureters had been tied some hours before death, that the connective-tissue-corpuscles and the lymph-vessels springing from them were filled with a finely granular mass of urates. It is, then, I think, a fact proved to demonstration, that, following the law of compensation to which all organs in the body conform, the eliminative lymphatic system takes on excited action when the kidneys fail in excretion of urates; and that urates accumulate in connective-tissue-corpuscles, which are the portals to the lymphatic system.

In gouty subjects, the kidneys are very generally granular and contracted; indeed, the term "gouty kidney" is sufficiently familiar to all. Moreover, Garrod has shown that, during the paroxysm, the excretion of urates by the kidneys is inefficient, and that they are present in the blood in excess.

I will add an observation to show how closely and concisely my theory is in accordance with the method which the disease adopts. The malady first affects the furthestmost articulations, and proceeds progressively toward the trunk. It chooses, preferentially, joints which have been previously injured. I have assumed that, when the kidneys fail in their due excretion of urates, the fibrous tissues throughout the body take on excited and compensatory action. But in old age, when the lymphatic system is waning, this compensation will prove inefficient; and, in regions where failure first supervenes, there will be active and attentive congestion, such as ensues locally when the kidneys or the liver fail in their functions. This will, as the lymphatic vascular system fails, first become evident in distal regions, and will follow a similar course to that pursued by senile gangrene—a disease due to inefficiency of the blood-vascular system. It will be all the more prone to appear in centers where injury has developed cicatricial tissue.

**Typhoid Fever and Defective Sewers.**—It appears that from August 28th to September 11th typhoid fever appeared in four houses in two roads, both draining into the upper part of one sewer, which was unventilated (British Med. Journal on the report of Dr. Kelly before the Worthington Local Board). In one road, where the houses were small, and in many cases dirty and damp, the sink-pipes were inside the houses, and in direct communication with the drains. Of the five cases of fever in this street, four were among very young children, and one was an adult woman. In the other road, which contains larger and more convenient houses, there were still greater defects. In two cases, the soil-pipe from the closet, which was very badly laid and jointed, came down inside the house, and then passed beneath the kitchen floor. The sink-pipes passed directly into the drain, and foul smells were often noticed in the house. In each of these houses two inmates had enteric fever. In a third house, where sewer-gas en-

tered the dwelling, all four inmates in succession had the fever. In the fourth case the soil-pipe was ventilated by a rain-water pipe, the open end of which was on a level with and close to the window of a room where two children slept. Both these children had the fever. For all these cases Dr. Kelly thinks a very heavy thunderstorm in the early morning of August 26th is responsible. Nearly an inch and a half of rain fell in rather more than an hour, and, the tide being high, the drains and sewers were rapidly filled, at a time when the outfall of the main sewer was closed by the tide. Sewer-gas would at such a time be driven backward toward the dwellings; and in those dwellings where there was no ventilation of the soil-pipes, or where the sink-pipes were in direct communication with the drain, the foul air would be carried into the houses. There were no ventilators to relieve the pressure, and the position of the houses toward the higher parts of the main sewer, of which they form two blind extremities, would cause the sewer-gas to be driven more rapidly. After September 17th the disease appeared in no fresh houses in these roads, but seven other persons fell ill who lived in the houses where the original cases broke out; so that, in all, fifteen cases occurred in seven houses, with two deaths.

**Pitting of Smallpox.**—Dr. Schwimmer advises a mask to be formed of very pliable linen cloth, leaving apertures for the eyes, nose, and mouth. The inside of this is to be smeared with one of the following liniments: 1. Carbolic acid, four to ten, olive oil, forty, and prepared chalk, sixty parts. 2. Carbolic acid, five, olive oil and pure starch, of each forty parts. 3. Thymol, two, linseed oil, forty, and chalk in powder, sixty parts. The mask should be renewed every twelve hours. Compresses impregnated with one of these mixtures may also be placed on the hands, and on any parts of the face with which the mask does not come into exact contact.—*Gaz. des Hopitaux*.

**Chrysophanic Acid in Skin-disease.**—Dr. J. Magee Finny says (British Med. Journal): There is no doubt of the superiority of chrysophanic acid over pyrogalllic acid in the treatment of chronic psoriasis. To put the matter to the test, I have, in several instances of general psoriasis, directed one drug to be applied to one side of the patient's body, and the other to the opposite. This I conceived to be a test least liable to the fallacy to which the employment of the medications to different cases of psoriasis, or at different stages of it in the same individual, would be open. In all such test-cases, the parts where the chrysophanic acid was used invariably recovered soonest. There are, doubtless, some cases in which great care must be taken, owing to its irritating properties on delicate skins, and the edema which it may produce when applied to the head and face; but these reasons for caution do not in any way remove it from the list of the most efficient remedies for psoriasis. Where the epidemic scales are very thick, and where there is reason to believe the acid is not acting, owing to the scales not being removed by soft soap prior to inunction, I have found the happiest results follow its use, after the removal of all scales down to the corium, by rubbing in firmly to the affected places, by means of a ball of lint, a six-percent solution of salicylic acid in rectified spirit—a line of treatment recommended by Dr. Priessman.



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AND now they begin to discuss whether or not the spray is an essential part of Listerism. The break in the line occurs in Germany, and Prof. Victor von Bruns, of Tübingen, lets us know at once what his opinions are on the subject by heading his article with "Fort mit dem Spray," which being translated means, "No more of this nebulous myth." We copied an extract from this lecture a few weeks since, it may be remembered. The Boston Journal comments editorially upon Prof. Bruns's remarks, and is of opinion that the spray is of secondary importance in external operations, but is essential where cavities are opened. This is the opinion of one who believes in the theory and practice of Lister. It is curious to note any recession upon the part of his followers. The dicta of the master they serve must be carried out in every particular or failure must not be laid at his door. The solutions, watery and in oil, the protective, the drainage-tubes, the spray must each play its distinct and entire *rôle*, or it is no test whatever of the theory. And so it is easy to account for the thousand and one failures, because the details were no doubt improperly followed.

"Away with the spray!" and what have we got left? Only the old carbolic solutions with which wounds are washed, more stinking than the pus, having not one fourth the power of other local agents—chloral, for instance—over the suppurative process, and not to be compared with it as a disinfectant. This, with the drainage-tube, if it

has value at all, has it clear apart from Listerism.

Away with the spray is simply away with the whole concern. If that is of no value, the other parts of the system are even less. Listerism does indeed depend upon a theory and details. These captivate the senses of the enthusiast. Reduce the matter to a simple wash, and the whole affair will dissolve in vapor thinner than the best spray-producer can make.

It should be a matter of much pride to doctors that the greatest engineering work of modern times—the proposed inter-oceanic canal through the Isthmus of Darien—will owe as much to medicine for its success as to the skill of its projectors and the money of its capitalists. Nature has placed three monsters upon this narrow neck of land to prevent the marriage of the oceans—the mountain, the morass, and malaria—nor does one forbid the bans more loudly than the other. It would be fortunate if engineering skill were as ready with its methods for removing its obstacles as is medicine to do the part assigned to it. Quinine is to be second to none of the agents by which the isthmus is to be pierced. Without it these might strive in vain.

The admirable report of Commander Selfridge on his Darien surveys attest its continued miraculous power over the miasm of that region, so deadly to the unprotected white man. Ascending the Atrato for one hundred and fifty miles, and passing over to the Pacific by the Valley of the Napipi, by one route—the most southern projected—penetrating the isthmus in various other



points, in partial surveys, studying closely its orology on either ocean, spending many months on the important work assigned to him, out of a command numbering two hundred and ninety-four men, but one was lost, and he by drowning! And this good luck Commander Selfridge ascribes under Providence to the quinine which the men had given to them daily.

Again does the S. P. Q. appear upon the banners of civilization.

## Original.

### EXTRACTION OF CATARACT.

BY W. CHEATHAM, M. D.

*Lecturer on Diseases of the Eye, Ear, and Throat, University of Louisville.*

Within four weeks I have operated upon seven cataracts, four of which were extracted in one week.

The first was in the person of Mr. —, aged seventy, who received a blow upon left eye from a piece of stone about eighteen months ago. Twelve months afterward he got a similar blow upon right eye, resulting in anterior staphyloma and blindness. The cornea was ruptured when the stone struck left eye, and no doubt also the lens capsule, as the cataract followed the wound. When he applied to me there was leucoma adherens in that eye. I first performed iridectomy inward. Then I discovered a cataract, which had been concealed before by opacity of the cornea. The eye recovered very nicely from this operation, and in three weeks I extracted the cataract by what is known as Graefe's method, which is as follows: The iridectomy having been done inward, the section had to be made in that direction also. The lids were held open by means of a speculum; the eyes fixed with forceps. Placing myself in front of the patient, and on his right, a narrow Graefe-knife was entered below, at sclero-corneal junction, in the infero-nasal quadrant, passed upward, and brought out at the same junction in supero-nasal quadrant. By a gentle seesaw motion, the knife being kept in sclero-corneal junction, I made the flap. I now introduced a cystotome and made a section, or rather ruptured the lens capsule. By gentle pressure backward toward the wound with a small spoon the lens escaped nicely, leaving an

opaque capsule in the field of the pupil. Very slight inflammation only followed the operation. The patient was about in two weeks. A needle-operation will have yet to be performed upon the opaque capsule, but the patient can now tell the time of day by a small watch. No doubt after the membrane is needled he will be able to do almost any thing he wishes.

CASE II.—Mr. —, aged fifty-five, had a cataract in each eye. I removed the one from left eye a year ago, but the result was a closed pupil from supervening iritis. After four or five attempts I succeeded in getting a good pupil and good sight. The patient was and is now thoroughly malarious, having a thick, white, flabby tongue, with deep imprints of the teeth on its margin. Quinine and its salts, iodine, and arsenic fail to bring about the slightest change in it. Following the operation there were periodical exacerbations of pain in the eye. Profiting by my experience with the left eye, when I concluded to operate upon the right I first did the iridectomy upward. In three weeks I extracted the cataract as in Case I, except that I made the section upward instead of inward. Nothing unusual followed the operation except considerable pain. The wound healed slowly (which is not objectionable). The result is almost perfect—vision =  $\frac{20}{40}+$ .

CASE III.—Mrs. —, aged eighty, had a cataract in each eye. In this old lady's case I extracted both cataracts at the same sitting. After they were removed she was carried three or four miles in a carriage, and the next day taken about seven miles farther. The removal of both lenses at once is unusual, and might be called a bold procedure; also the removal of the patient after the operation, especially to a distant place, is not customary. After operating I generally keep the patient in bed for three days, the third day allowing a chair to be placed under the back. In most cases he should be kept in his room for two or three weeks; yet this old lady was removed several miles immediately after the operation, and the next day taken several miles further. She was very feeble, for having been blind for some years she could take very little if any exercise. She is to report to me by January 8th. I received word from her on the 24th of December that she could see every thing. Not having seen her I of course can make no other record of vision. If I may judge from what I have since heard of the case, the result is perfect vision in both eyes. This case with others has caused me to ask my-



self frequently if we are not too strict with our cataract cases. This woman had many chances against her, or what oculists at present consider such. Poor health, the cataracts having existed for some years, enfeebled condition, and eighty years of age; yet, although both lenses were extracted at one sitting, and she was removed the same day three or four miles, and the day following seven miles further, she gets good sight in both eyes.

CASE IV.—Mrs. —, aged fifty, had a mature senile cataract in the right eye, and an almost mature cataract in the left eye. Her health was not good. She was very large and fleshy. She said she had an abdominal tumor of some kind, probably ovarian. The cataract of left eye was extracted by the same method as that of the other cases. The reaction was very slight. There was some pain, but it was controlled by atropia sulph. locally and quinia sulph. There were recurring furuncles over the eye, which produced considerable pain. For these I ordered quinia sulph. and liq. pot. arsen. The nurse one morning made a mistake and put the Fowler's solution into the eye instead of the atropia sulph. Some inflammation followed, but passed off in a day or two. The pupil is now clear, and the patient is able to read the finest print with correcting glasses. Vision =  $\frac{20}{50}$ .

CASE V.—Mrs. —, aged seventy-two, of Woodford County, Ky., had senile cataract of six years' standing in right eye and incipient cataract in left eye. Graefe's operation was performed. The lens had undergone partial calcareous degeneration. The capsule was opaque, no doubt from lime deposits. The lens escaped nicely. There was some swelling of lids, chemosis, and pain on the second day. I had the bandage removed and atropia sulph. applied, with cold cloths placed on the eye and changed every minute or two. The pain and swelling soon disappeared, leaving an opaque capsule in the field of the pupil. The patient was sent home on the second week, with orders to return in three weeks and have the capsule needled. Vision when she went home was good enough to enable her to read small print and to tell the time of day by a very small watch.

CASE VI.—Mrs. —, aged sixty. Mature senile cataract of right eye, incipient cataract of left eye. Health not very good. Cataract of right eye of one year's standing. Graefe's method was pursued. There was considerable bleeding into the anterior

chamber. Nothing unusual occurred in the after-treatment except a great deal of mucopurulent discharge from the lids, the result of bandaging the eye. This case is doing nicely at present. I think there is no doubt that she will get a perfect result.

It will be observed that the same method (Graefe's) of extraction was pursued in all these cases. This method has about superseded all others. The only objection to it is the iridectomy, which so destroys the shape of the pupil that it leaves a slight deformity, and admits so much light as to cause circles of diffusion, decreasing the vision somewhat. Cataract can be extracted without the iridectomy, but the iris is so much bruised in the escape of the lens, and synechia anterior so often results, leading to inflammation of the iris, choroid, etc., with loss of the eye, that such an operation has almost fallen into disuse. In some cases, especially when the vitreous humor is in a fluid state, the above operation is advisable. Where the patient is in bad health, or where there is any complication which in my opinion decreases the chances of a successful termination of the operation, I usually do a preliminary iridectomy, and in four or five weeks extract the lens. The only objections to such a course are the subjection of the patient to two operations and the length of time it takes. I think the extra amount of time taken is far more than counterbalanced by the increase in chances of a success. One of the greatest dangers in the extraction of cataract is in having the wound too small. It is better by far to have the section too large than too small. The after-treatment is of course of very great importance. I usually leave the bandage on for forty-eight hours, unless there is some pain in the eye, temporal region, or over the orbit. Should such exist I remove the bandage; and if I find any chemosis or edema of lids, I drop into the eye a solution of atropia sulph. and apply small bits of cold cloth, changing them frequently. I usually also administer quinia sulph. in pretty large doses. I think many eyes are lost from the want of proper attention to and treatment of the above symptoms in time. Where these symptoms can not be controlled by means of cold cloths and atropia sulph., if the patient is in the proper condition, leeches should be applied to the temple. Should all go well, the bandage is, as I said before, left on for forty-eight hours, then removed, the eye cleansed, and the bandage reapplied. At the end of twenty-four hours it is again removed, and



a shade covering both eyes substituted. The whole treatment usually lasts three weeks. I should have said that unless the patient be very old and feeble he should be kept in bed for at least three days.

Extraction of cataract is considered *the* capital operation in ophthalmic surgery, although I do not consider it the most difficult by far. When successful the results are brilliant.

Patients frequently say, "Doctor, I am too old," or "I have been blind too long." Cataract is usually a disease of old age. I once operated (and reported before) upon an old lady, ninety-two years of age, with excellent result, and have extracted successfully cataracts of thirty-seven years' standing. From this we might rightly judge that age and length of time in the existence of the cataract may be looked upon as small factors in a favorable prognosis.

LOUISVILLE.

## Formulary.

### FOR STOMATITIS DURING DENTITION.

Dr. S. Ullman reports that in children of an early age, and during the process of dentition, he has employed the following prescription in stomatitis with a most happy result:

℞ Acidi salicylici ..... } āā grs. v;  
 Acidi tannici..... }  
 Sodæ biboracis..... ʒ ss;  
 Potassæ chloratis..... ʒ j;  
 Sacchari albi..... ʒ ij.

Misce fiat pulvis. Sig. Apply a pinch upon the tongue twice or thrice a day.

In some affections of the throat of an ulcerative nature this combination is excellent. The whole may be added to two or four ounces of distilled water, and the directions given accordingly.—*Monthly Review of Med. and Pharm.*

### FOR MALARIAL BROW-ACHE OR FACIAL NEURALGIA.

Dr. T. F. Wood gives (North Carolina Med. Journal) the following:

℞ Ferri sulphatis..... 2.  
 Quiniæ sulphatis..... 2.  
 Acidi hydrobromici ..... 2.  
 Morphicæ acetatis..... 0.03  
 Aquæ ad..... 75.  
 M. T. Teaspoonful six times a day.

Also the following as a substitute for opium:

℞ Tinct. valerianæ am..... 35 cc.;  
 Ammonii bromidi..... 16 gm.;  
 Codein..... .5 gm.;  
 Syrupi ad..... 75 cc.  
 M. S. Teaspoonful every five hours.

NOTE.—A gram is 15.432 grains.

### PERFUMED CARBOLIC ACID.

℞ Acidi carbol. cryst..... 1 part;  
 Olei limonum..... 3 parts;  
 Alcoholis (36°)..... 100 parts. M.

This mixture, which appears to be quite stable and has only the odor of lemon, is what has been known as "Lebon's perfumed carbolic acid," the formula for which has long been a secret, but has now been made known to the *Moniteur Scientifique* of Paris. The antiseptic properties are in no way affected by the oil of lemon.—*Phila. Med. and Surg. Reporter.*

### RECIPE FOR AN ARTIFICIAL SEA-BATH.

The following powder should be kept on hand (Monthly Review of Med. and Pharm.):

Chloride of sodium (common salt)..... 100 ozs. (3 qts.)  
 Sulphate of sodium (glauber salts)... 25 "  
 Sulphate of magnesia (epsom salts).. 18 "  
 Sulphate of calcium (crystalline form) ¼ "  
 Chloride of calcium..... 4 "  
 Iodide of potassium..... 1 "  
 Bromide of potassium..... ½ "

### TO DISGUISE THE TASTE OF BROMIDE OF POTASSIUM.

This taste is easily overcome by giving three drams of simple syrup with each dram of the bromide. The three drams of syrup, if properly made, should contain about one hundred and fifty grains of sugar. This alters the taste, giving it an agreeable nutty flavor not unlike cocoanut-milk, if largely diluted. Children take it with avidity.—*Ibid.*

## Miscellany.

HELP FOR STAMMERERS.—A contributor to Chambers's Journal, who, according to his own assertion, was a most habitual, unmistakable, and inveterate stammerer (Medical Record), gives his theory with regard to the production of what might be termed this vocal deformity, and details the method by which he effected a cure.

After having his life "thoroughly embittered by this malady" for about thirty years, he met with an article on the subject by Dr. Arnott, in which it was suggested that since consonants are the stammerer's deadly enemies, the prefixing of the sound of *e*, as in the French words *de*, *le*, *me*, *se*, to all words beginning with a consonant, would prove an unfailing remedy. This plan was tried with some benefit, but something more was required for words with consonant initials in the middle of a sentence, as well as for syllables with consonant initials in the middle of a word. As to *w*, *y*, and *u* as initials, they seemed to present insurmountable difficulties.

After considering the subject still further,



he decided that, as consonants at the beginning of a word are so very troublesome, if a method could be devised for bringing them to the end of a division instead of the commencement, a great object would be attained. Once the glottis being opened by a vowel-sound, the consonant would follow. The aim of the stammerer is to prevent the glottis from closing when once it is opened.

As a further step in the development of this plan, sentences were written out in the ordinary way, and then rewritten, so that the initial consonant became the final letter of the preceding word. The sentences thus constructed were then read over and over, until in a few weeks the improvement was extraordinary.

Before entering on a trial of the method which proved so satisfactory in the case under consideration, it must be understood that the stammerer should speak slowly and with affected ease, allowing the words to *flow* out rather than to deliver them with a jerk. Besides, when it is recommended to prefix the French sound of *e*, as in *le, de, me, se*, it is not intended that this sound should be conspicuous, but used rather as a glottis-opener, making way for the advancing consonant. Further, the statement which is sometimes made, that no stammerer ever experiences any difficulty in the enunciation of vowel-sounds, is not true, for *w, u, and y* are, as initials, often decided *pièces de résistance*.

Now to illustrate the proposed plan. In the enunciation of such words as have consonant or compound consonant initials, like *br, pr, dr, st, sl*, the prefix of *e* will be an amply sufficient aid. Under this head would come such sentences as, "*My friend who has just spoken;*" "*But there is a fatality;*" "*Now all that has to be changed;*" "*That showed the power;*" *Numbers, Deuteronomy, Scotland, Spain.* Some of these words would often prove very embarrassing to a stammerer without extra help.

In case one or more words beginning with consonants occupied the body of a sentence, the sentence should be so constructed as to make the initial consonants come at the end of a division. The sentence, "*May he rest in peace,*" would then become, "*Im-ay heer-est inp-eace,*" and this should be read aloud many times, studying to make it sound like the original. Such a division is not necessary for every sentence, but only where an obstacle presents, and this can usually be anticipated. Besides, when one formidable word has yielded a host of others will follow suit. The well-known sentence, "*I came, I*

*saw, I conquered,*" becomes "*Ic-ame, Is-aw, Ic-onquered.*"

Where *w* stands as initial, the sound of *oo* as in *moon* should be used; for *y* the sound of *ee* is called in; and for *u* the sound of *ee* followed by the sound of *oo*. Certain words, such as *universe=eeooniverse*, *unanimous=eeoonanimous*, *usual=eeoosual*, should be written out and repeated aloud as before. The substitution of the equivalent sounds for *w, y, and u* is said to afford a relief almost incredible; but care must be taken not to *dwell* on these substitutions, but pronounce them nearly as one syllable. Practice is of course always necessary.

In conclusion, the writer adds that the benefit of this system has not been confined to himself alone; and Canon Kingsley, in gratefully acknowledging these hints upon the cure of stammering, said, "*For the torments I have suffered since I was six years old God alone knows, or will know; still to me every stammerer is a friend at once by the unity of sorrow—after all perhaps the most sacred unity on earth.*"

**DRAINAGE-TUBE IN OVARIOTOMY.**—At the Académie de Médecine M. Labbé advocated the employment of a drainage-tube in ovariectomy (Medical Press and Circular). Being struck with the accidents of infection which succeeded too frequently ovariectomy, on account of a sero-sanguinolent *épauchement*, he determined to practice the drainage in the following cases: 1st. When there exists ascites, showing a tendency to increase; 2d. When it has been found necessary to break up adhesions capable of producing an oozing. In these cases, the operation terminated, M. Labbé places a large tube in the wound, and fixes it by a transverse pin. During the three or four days which follow evacuations of a sero-sanguinolent liquid are observed, the quantity lessening daily. M. Labbé has obtained excellent results from this procedure, and attributes the innocuity of the drainage-tube to the influence of the Lister dressing.

**CINCHONA** cultivation is now very successfully and extensively carried on in India (Med. Times and Gazette). There is good prospect of its becoming a valuable industry in Jamaica; and it appears that efforts are about to be made to acclimatize the cinchona-tree in Italy also, so as to increase the supply and lessen the cost of the manufacture of quinine, which is an important branch of Italian industry, and has been carried on at Milan and Genoa since 1870.



**DISCREPANCIES FOLLOWING THE INTRODUCTION OF TUBERCULAR VIRUS INTO THE SYSTEM.**—D. H. Cullimore, M.K.Q.C.P., F.R.C.S.I., says (Med. Press and Circular): It will, I may say with confidence, be generally admitted by all who have given attention to the subject, that tubercular matter, if introduced into the body of a living animal, will set up tuberculosis in it. This has been proved by all experimenters from Villemain to Tappinger. There is also a consensus of opinion that while the virus may be effectually introduced into the system by inoculation, and through the medium of the stomach, it is the inspired air we must look upon as its most frequent carrier to the lungs and their appendices; and subsequently after the period of incubation has passed, and caseation becomes established by a triple secondary infective process from these foci to other parts of the organism. . . It may be taken as an axiom that tubercle has a remarkable tendency to combine with inflammatory products, and in this way only is the active production of tubercle from non-specific and non-mechanical causes explicable. For it is preposterous at first sight that a disease like consumption should owe its origin solely and directly to such a source. Tubercles there may have been, but not the tubercles or nodules of consumption.

**ACCIDENTS** are often important factors in scientific discovery (London Lancet). They demonstrate the effect of combinations of influences which previous knowledge would not have led the investigator to combine, and they thus reveal, not rarely, previously unsuspected facts. Dr. Brown-Séquard accidentally dropped some chloroform on the skin of a healthy guinea-pig in the position of the epileptogenic zone of animals artificially rendered epileptic. To his surprise the guinea-pig had a severe convulsive seizure. Recognizing with characteristic readiness the suggestiveness of the fact, he commenced a series of experiments on cats, dogs, guinea-pigs, and rabbits, the results of which he has communicated to the Académie des Sciences.

If chloroform is dropped on the skin of one of these animals a reflex contraction of the subcutaneous muscles is immediately produced. The respiration, as a rule, rapidly lessens, the temperature falls, the animal becomes lethargic and sinks upon its flank or back without any attempt to resume the normal posture. A condition nearly that of sleep comes on, usually gradually, sometimes

almost suddenly. Later, especially in guinea-pigs, tremor occurs in all four limbs, commencing in the hind limb on the side opposite to that on which the irritant liquid has been applied. The two hind limbs are drawn forward, the thighs strongly flexed on the abdomen; finally general muscular relaxation occurs in many cases, especially in cats, which become then absolutely anesthetic. A cat was exhibited in this condition, giving no other signs of life than feeble movements of the heart and respiration. After a quarter of an hour, an hour, or sometimes three or four hours, the animal wakes up, begins to move, and gradually returns to the normal condition.

**PRECOCIOUS MENSTRUATION.**—A Spanish doctor reports an extraordinary case of precocious menstruation (Med. Press and Circular). An infant of seven months was perceived by its parents to lose blood by the vagina, the blood flowed for three days and then stopped; that day month it returned and lasted the same number of days, and thus every month up to the age of eighteen months the child was regular. At that time the sanguine flux was replaced by an abundant leucorrhea, which continued up to January of the present year, the child being now three and a half years old. Since January the blood has reappeared, and continues to return every month. The quantity of blood lost each time was about an ounce and a half. This child is so well developed that at the age of three years she appears like a little woman. The mammary glands are voluminous like little oranges, flexible and turgid, like a young girl of sixteen, with an areola very large and a prominent nipple. The external genital organs are well developed, mons veneris covered with hair. The intelligence of the child is not, however, as precocious as its physical development. Its impressions and affections are quite puerile.

**WATCH THE PULSE DURING THE ADMINISTRATION OF CHLOROFORM.**—Mr. Jos. Mills, administrator of anesthetics to St. Bartholomew's Hospital (London Lancet), says: During the present year I have administered anesthetics at St. Bartholomew's Hospital fourteen hundred and twenty times, and of these chloroform five hundred and seventy-two times; and in three of these cases I have had reason to be thankful that I carefully watched the pulse during the administration. I believe that had I not done so I should have lost the patients.



**THE MONUMENT TO LAZZARO SPALLANZANI.**—It has been determined to raise a monument to this illustrious savant at Scandiano, where he was born in 1729; and the project having been made known at Reggio, where he was first a student and then a teacher, and at Modena, of whose university he was long the honor and the boast, a joint committee has been formed to do tardy honor to the founder of experimental physiology and the author of many profound observations and useful discoveries. The committee appeals for subscriptions not only to all parts of Italy, but to foreign countries, by the learned of which Spallanzani's name is so well known and honored. If this appeal is responded to as it hopes, the committee proposes erecting a marble monument at Scandiano on 21st of August, 1885, this being the centenary of Spallanzani's embarkation at Venice upon his memorable voyage to the East. Should the subscription suffice, the committee further proposes to publish a new and accurate edition of his works, comprising some important papers not hitherto published.—*Gazzetta Med. Lombardia.*

**PERSECUTION MANIA.**—The medical commission recently appointed to examine the mental condition of Veli Mahommed, who shot the Russian Colonel Commerau one day last spring, when that officer was riding through a faubourg of Constantinople, has decided that he shows unmistakable signs of melancholy madness, and also of persecution mania, and that the germs of the disease probably existed at the time he committed the act for which he was tried and condemned to death. In consequence of this decision the capital sentence will doubtless be commuted.—*British Med. Journal.*

**CHANGE OF AIR FOR PHTHISICAL PATIENTS.** Change of air is to be prescribed with reference to the features of each particular case. Patients in any stage of fever should on no account be sent abroad, for there is nothing in a foreign climate that will be effectual to stay the septic processes set up in such a patient; much harm may, on the other hand, ensue from his separation from the comforts and attentions of home. The motion of the journey, too, would be injurious in this condition, but once the morbid processes have been arrested and nutrition has revived, then change to a suitable climate will avail much. A suitable climate is no longer considered to be a warm, relaxing one, but a cold, bracing

air, especially near the sea is regarded as the ideal atmosphere for the consumptive convalescent. Until convalescent no change of the kind ought to be tried, or can be of use; much harm has been done by sending away subjects unfit to leave home. Cases of chronic single cavity are the most susceptible to advantage from change of air; cases of diffused disease do well on sea voyages.—*James E. Pollock, M.D., F.R.C.P., in Med. Press and Circular.*

**BACILLUS MALARIÆ.**—The rods and spores of the bacillus malarie were found post mortem in the lymph, blood, spleen, and medullary cavities of bones as long ago as last autumn (*Canadian Journal of Medical Science*). The presence of the bacillus in the blood of living patients had never been demonstrated, the specimens being taken from patients during the hot stage of the fever. Lately specimens of blood taken during the period of invasion, and in the cold stage, and during the last hours of the intermittent period, have been examined, and the bacillus found in every specimen. The spores alone could be seen when the fever was at its height. Observations are to be made in Italy of the blood of the spleen aspirated during the last hours of the intermittent period, and also of the urine and perspiration during the stage of resolution. A good illumination is required, and at least a one-eighth-inch object-glass.

**DR. SKAE** says of inebriates under his treatment in the asylums (*British Med. Journal*): These patients will rarely work of their own accord—they are not working men, to begin with—and they object to do any thing inconsistent with their dignity as habitual drunkards, or that might reduce *them to the level of ordinary lunatics, who are generally industrious*. Even when their maintenance is paid for their presence in the asylum has, Dr. Skae declares, an injurious influence on all around them. They spend all their time in amusements or grumbling; and with that hypertrophy of self-esteem which often accompanies an atrophy of moral character, give themselves superior airs, which are offensive to their insane companions, whom they demoralize by setting them an example of idleness, and in other ways. But in the case of those habitual drunkards who pay nothing, and who are mere broadcloth paupers, this lordly indolence is peculiarly obnoxious to the other patients and to the officers of the asylum.



**FOG.**—The London Lancet says: Almost as we write Dr. Alfred Carpenter and others are encouraging hopes (let us trust not tantalizing) that the amelioration of that abomination of abominations, a London fog, is a possibility. London fog was a most deadly element in the history of 1880. The deaths from diseases of the respiratory organs registered in London in the week ending February 7th were 1,557, being in excess of the weekly average by no less than 1,125! We have to thank Dr. Arthur Mitchell, of Edinburgh, for the prominent attention which this subject has received of late. In a paper of his which appeared in the course of the year on the influence of the protracted fogs of the winter of 1878-79 on the mortality of the metropolis, he showed how disastrously they had aggravated the mortality from respiratory diseases. This paper excited great notice, and proved that much more serious inconveniences than discomfort and dirt were accompaniments of a London fog, and is causing serious efforts to be made with a view of securing the abatement of this grave nuisance.

**RABIES IN IRELAND.**—On September 3d an artillery horse had to be destroyed at Kilkenny in consequence of the disease. It had been bitten on the nose at the Curragh camp on July 4th by a mad dog which ran amuck among the horses and people there. A characteristic symptom presented by the poor creature was intense itching at the seat of injury. On November 21st great excitement was caused at Kilmainham by the rushing about of a mad dog, which was not killed until it had succeeded in biting two men and a dog. One of the men, a laborer, it seized by the thumb. Then dashing into Island Bridge barracks past the sentry, it entered the quarters of Lieutenant Aylmer, of the Nineteenth Hussars, whom it caught by the left arm, inflicting a severe bite. It was eventually destroyed by a police constable.—*Ibid.*

**SCARLATINA CULTURE.**—A child died a few days ago of scarlet fever in Whitechapel. The registrar of deaths gave information to the sanitary authority, and thereupon the sanitary inspector, Mr. Skidmore Wrack, visited the above house where the death had occurred. He found that it consisted of four rooms only, and was inhabited by two families (London Lancet). In the front room on the ground-floor lay three children, suffering from scarlet fever, occupying it with the

father and mother; in the back room lay the body of a dead child. The two upper rooms were occupied by a man, his wife, and five children, the children having been in attendance at a board school during the whole period of sickness in the rooms below. But for the death of the child in the lower rooms nothing of this would have become known, and when it did become known such mischief as could have been done by the infected family had probably been done. The board school being informed of the case excludes the children from the upper rooms, and so makes their infection tolerably sure by their retention at home if it had not before occurred. The cultivation of scarlet fever under these circumstances is unavoidable, and the only chance the sanitary authority has of limiting the extension of the disease under such circumstances is by getting the earliest information of it.

**DEATH AND CASTOR OIL.**—In an inquest held by Dr. Hardwicke on the body of a child who died after the administration of castor oil the coroner, in summing up the case, said that the public ought to know that there were several kinds of castor oil, only one of which was fit for medicinal purposes for human beings, viz. "the cold-drawn oil" (British Med. Journal). Castor oil could be and often was obtained from oil shops, which was quite good enough for horses and cattle, but was full of impurities. To give little children the common oil was simply to make them worse.

**SYPHILIS** detects any peculiarities or weaknesses of the patient. A relapse of a secondary rash with a tendency to ulceration in a young man with feeble constitution, Mr. Hutchinson considers as illustrating this proposition. He gives mercury in the second stage, iodide of potassium or the latter with bichloride of mercury in the third stage, or so-called tertiary syphilis, which should be considered rather as the sequellæ of syphilis than a distinct stage.—*T. W. M., in Canada Journal Med. Science.*

I have seen a recent case of "the opium-habit," from the necessary use of the hypodermic syringe for relieving great suffering, perfectly cured by the fluid ext. of Jamaica dogwood, the galvanic battery, and the energetic resolution of the patient. The coca, upon which I tried to rely, by infusions and the fluid extract, utterly failed.

T. S. BELL.



## Selections.

**Certain Points in the Pathology and Treatment of Indigestion.**—T. Lauder Brunton, M.D., F.R.C.P., F.R.S., in his paper on this subject (*Brit. Med. Journal*), says:

Exposure to cold as a cause of gastro-intestinal catarrh and consequent indigestion is sometimes, I think, too little considered. The intestines are but very thinly covered by nature, and the slight abdominal walls are insufficient to protect them from great changes in atmospheric temperature. We can readily see this in the attitude which persons assume when they go to sleep with an insufficient quantity of blankets. They curl themselves up so that the thighs lie against the abdomen, forming a sufficient covering to the intestines. The intestinal vessels are able to contain a great quantity of the blood in the body, and as they contract when exposed to cold, so much blood goes to the brain that the person can not go to sleep. When we get warm, however, they dilate, allow the blood to leave the brain, and we fall asleep. The thighs thus form an efficient covering in bed, keeping the intestines warm and allowing their vessels to distend and the person to fall asleep; but during the day the intestines are not infrequently exposed to chills. In hot countries this is well recognized, and all through the East we find that the people wear a shawl or bandage around the abdomen. Some time ago, when visiting Pompeii, I was struck with the same thing in the bodies of those who had perished during the eruption of Vesuvius, which overwhelmed the city. The necessity for protecting the abdomen is, perhaps, more readily noticed by the natives of hot climates, who wear little other clothing, than by us, who are better clad all over; but even here the necessity for it exists; and in thin persons, who are liable to indigestion, the abdomen should be well covered by a flannel bandage, although there may be no necessity for this in those whose intestines are already protected with a thick layer of omental fat. The best form of a bandage is a double strip of flannel about seven and a half to eight inches broad, and long enough to go once and a half round the body. The overlapping part should be in front, and should be simply fastened with a couple of safety-pins. These I find to be more easily adjusted, and less troublesome than straps, tapes, or buttons.

Another cause of indigestion is disordered relation between the stomach and the liver. Usually the bile does not enter the stomach, but remains in the duodenum and intestines; but when indigestible and irritating substances enter the stomach the bile may flow into it, producing very unpleasant symptoms; not merely does it interfere with digestion by precipitating pepsin, but the local irritation which it produces in the stomach itself, as well as the general effect upon the nerve centers after being absorbed into the blood, causes the patient to suffer from dullness and headache. . . .

Nor is this the only disturbance in the relation between the liver and the alimentary canal which is of importance in the production of indigestion. I have mentioned the probable effect of vasomotor alterations in the liver upon the vascularity of the stomach and intestines, and upon the solution and digestion of food within them. But there remains still another condition of great importance. The digestion

of food is not entirely accomplished in the alimentary canal. In addition to what used to be called the primary digestion in the stomach and intestines there is the secondary digestion, which appears to be of no less importance. Farinaceous foods are converted in the intestinal canal into grape sugar, but apparently only a small amount of this sugar reaches the general circulation unchanged. It first undergoes conversion into glycogen in the liver, and is thence passed out as it is wanted into the general circulation. The albuminous constituents of the food are converted in the alimentary canal into soluble peptones, but like the sugar these also do not reach the general circulation unchanged. Excess of sugar in the systemic circulation is injurious, as we see in cases of diabetes, but excess of peptones appears to be still more injurious. . . . Albertoni has found that peptones, when injected into the circulation, deprive the blood of its power of coagulation, at least in dogs and cats, and probably in all carnivorous animals. It has not the same power in sheep or rabbits, and probably has not the same action in herbivora as in carnivora. Ludwig and Schmidt-Mühlheim also observed the effect of peptones on the coagulability of the blood, and they have investigated their action upon the blood-pressure. They found that when the peptones are injected into the veins the blood-pressure sinks considerably; and if the quantity introduced be great, a soporose condition, convulsions, and death are produced. It is therefore evident that unless there were some provision for the alteration of peptones before they enter the general circulation we should be poisoned by the products of our own digestion. Ludwig and Schmidt-Mühlheim were unable to settle precisely where the peptones underwent transformation, most of them having apparently already disappeared from the portal blood before it reached the liver. Two other observers, Plosz and Görgyai, were led by their experiments to fix upon the liver as the place where peptones undergo transformation, and it seems not improbable that to some extent they are right. The liver, like the stomach, may be overworked, and both organs are liable to great functional disturbance from emotional causes. It is extraordinary how frequently one is able to trace diabetes or grave functional disorder of the stomach to grief or worry; and although it is impossible to protect patients from these injurious causes, just as it is impossible to protect them from overwork, yet we must do our best to lessen their injurious effects. Probably the best way of doing this is to remove from the patient's mind during the hours when digestion is going on, so far as is possible, the source of grief, worry, or anxiety which disturbs him. It is therefore well to insist that he shall give orders that no letters or telegrams be given to him, or any commercial intelligence in the papers be looked at until at least an hour after dinner.

Another most important factor in the proper regulation of the hepatic function is the removal of waste products from it. The bile is one of these, and its accumulation in the bile-ducts leads to its reabsorption and circulation in the blood with all the consequences which the injurious effect of the bile upon the nerve-centers is likely to produce. The bile is secreted under very low pressure, and its expulsion from the liver is effected, to a great extent, by the mechanical pressure exerted upon the liver by the diaphragm during respiration. When the person leads a perfectly sedentary life, so that no calls are made upon the respiratory organs for increased action, the



pressure of the diaphragm on the liver is diminished, and consequently there is a tendency to the accumulation of bile in the biliary radicles, and to its absorption into the blood. This shows the physiological necessity for exercise in persons who are liable to bilious attacks; and of all forms of it exercise on horseback and rowing are probably the best. Half an hour's brisk ride will do more good to the liver than two hour's walking. Here I ought perhaps to have said a few words in regard to cholagogues; but as I mentioned at the commencement, this subject of digestion is so wide that to go into it in detail would extend my paper far beyond any limits that could be allowed to it.

**Therapeutics.**—Our pages have borne testimony to the fact that while in a few there may be an overweening interest in pathology, the great body of the profession is still devoted to the cultivation of therapeutics (London Lancet). Proofs too of the practical power of medicines emerge even in the midst of pathological discussions. To take a recent illustration, Dr. Dickinson in the recent debate on Rickets, speaking of the visceral disease incident to it, said, "It is amenable to treatment, though slowly, under cod-liver oil, iron"—we should have added quinine—"and hygienic measures; a spleen which touched the pelvis may gather itself up so as to be nearly out of reach of the fingers." Mr. Tweedy published a series of cases of true diphtheritic ophthalmia successfully treated by local application of quinine. It is idle to affect contempt for medicine when such statements can be made by the most careful observers.

Among the various subjects in practical therapeutics which has engaged the attention of the profession has been the employment of intra-venous injections of milk. Mr. Arthur Meldon published three cases in our columns, in addition to five others, in which the operation was of important use. The treatment of ringworm with carbolic acid by Mr. Alder Smith, and with salicylic acid by Mr. Cottle, was well expounded in our columns. The great question of the use of salicylates in acute rheumatism was boldly raised by Dr. Greenhow in the Clinical Society. His verdict was rather discouraging in tone, based on a considerable hospital experience. But even his admissions were to the effect that no other remedy has such power over the pyrexia and pains of rheumatism. His objections were to the toxic effects of these remedies, which, it is to be hoped, and which there is good reason to believe, will be found to be avertable or controllable. The enormous interest of the therapeutics of acute rheumatism is shown in our columns by a variety and number of communications, which we can not attempt even to enumerate. One question which has come very much to the front in these discussions is the degree in which the heart structure is affected by acute rheumatism itself apart from medicines having a depressing effect. Notwithstanding Dr. Greenhow's cases the general opinion of the society and the profession is to the effect that these drugs are agents of great value and significance. The question of safe anesthetics is still actively engaging attention, with an inclination in favor of ether as compared with chloroform, or a combination of the two. The treatment of puerperal fever has been fortunately the subject of discussion by Dr. Matthews Duncan, whose lectures will be found in our columns. They give the weight of his great authority to the new method of treatment by antiseptic injections, ergot, quinine,

iron, support, etc.; treatment which has long been used by many practitioners, but which has not been enunciated by authorities with quite sufficient distinctness. One great or rather slight ray of hope appeared in the course of the year in regard to a still more distressing disease, viz. cancer. Professor John Clay, of Birmingham, published in our columns a paper on the use of Chian turpentine in carcinoma uteri. As this subject is noticed in another part of our summary we will not detain the reader with it here. The therapeutical use of arsenic has been the subject of an interesting paper by Mr. Malcom Morris, delivered before the Medical Society of London. The disagreeable disease of bromidrosis is reported by Mr. William Brett, of New Cross, to have yielded to the local application of oleate of mercury. The delicate question of the use of alcohol in pneumonia has been carefully touched by Dr. Octavius Sturges and by Surgeon John Hoystead, who had to treat the disease at Fort Dekka (four stations up the Khyber Line route to Cabul), and found alcohol helpful. Alcohol, as a general therapeutic agent, is being subjected every where to most suspicious treatment by physicians and by boards of guardians alike. It has still friends who think it indispensable either to preserve health or to cure disease, but the wisest physicians show themselves chary either of taking or recommending much of it. Dr. Sydney Ringer and Dr. William Murrell have found glycerin curative of flatulence, acidity, and dyspepsia. This is a thing to be noted in an age when sugar is so critically regarded by physicians. A recovery from tetanus, treated by three pounds of chloroform inhaled over about six days, was recorded in the Lancet. Dr. Henry Kennedy reminds the profession of the use of rather large doses of extract of henbane in cancer. Not the least noticeable therapeutical communication of the year is that by Dr. Roderick Kennedy, of Kingston, Canada, on the use of large doses of olive oil for softening and causing the easy expulsion of biliary calculi. Three cases were reported, in two of which two hundred calculi followed the use of the oil.

**Shock or Ether?**—Paul Swain, F.R.C.S., Surgeon to the Royal Albert Hospital, Devonport (in British Med. Journal):

On November 17th I was sent for by Mr. Butters, of Horrabridge, to see a farmer who, on the previous day, had received a gunshot wound in the leg. The party were returning from shooting, when a gentleman, carrying his gun under his arm, accidentally let it off, the charge entering his friend's leg at the back, blowing away the whole of the inner side of the ankle-joint, and reducing the lower third of the leg to a pulp. Most profuse hemorrhage immediately ensued; and as no medical assistance could be obtained for four hours a large quantity of blood was lost. The unfortunate man was removed to the farmhouse, and Dr. Philpots, of Tavistock, was the first to render him any assistance. He, in conjunction with Mr. Butters, remained with him during the night, and it was only by the most assiduous care that life was maintained. I saw the patient at 3.30 P.M. on the following day. He had then just sufficiently recovered from the shock to warrant an amputation, about which there could be no second opinion. Ether was the selected anesthetic, and it was administered by Dr. Philpots on a sponge placed in a cone formed by a folded towel. The patient inhaled the ether more quietly than is usual, and was not long in get-



ting under its influence. I then proceeded to remove the limb below the knee. The operation was performed as rapidly as possible by double-skin flaps, and the two main arteries were secured, when my attention was directed to the patient's condition. He was perfectly cold and pulseless, and was sweating profusely. His respiration had also ceased. Artificial respiration was immediately commenced; brandy was administered, some of which he swallowed; and the region of the heart was stimulated with cloths wrung out of boiling water. For some little time we could hear the feeble heart-sounds with the stethoscope. All our efforts to restore animation, however, failed. The man was dead. I gave evidence at the coroner's inquest, and stated my conviction that the death was one purely from shock, and that the ether had no part in producing it. The public mind in these parts had but lately been much exercised by a death from chloroform which had occupied considerable attention in the local papers. I thought it therefore wise to tell the jury my reasons for the above conclusions. It appeared to me that the sources of shock were fourfold.

1. There was the shock of a gunshot wound, which *per se* is considerable, even when of less dimensions than this one.

2. The gun having been fired close to the limb, the entire charge had struck the part as one body. The hole in the gaiter, through which the charge entered, was not larger than a half crown. Thus, added to the shock of gunshot injury, was the well-recognized shock resulting from the blow of a large bullet or round shot.

3. The ankle-joint was destroyed, so that here also was present the shock of injury to a large joint.

4. Superadded was the final shock of the operation. My idea is that the man commenced to die at the moment when the limb was separated from his body. Hardly a drop of blood was lost, so that the mere division of important tissues must have determined the fatal issue.

The sudden collapse, attended with profuse sweating; the power of deglutition; and the continuance of the heart's action after apparent death, all seem to me to point to death from pure shock, while on the other hand the absence of all struggling, as also of noisy respiration and blue countenance, point equally away from death by the inhalation of ether.

**New Drugs.**—From the *Amnus Medicus*, 1880, of the *Med. Times and Gazette*:

As usual, a very considerable number of new drugs and preparations, as well as the revival of many old favorites, require to be mentioned. Thus, pulsatilla has been recommended for dysmenorrhea and for the headache of exhaustion, the rhinacanthus communis for ringworm, and muscarin (*amanita muscaria*) for night-sweats in phthisis. Resorcin appears to possess decidedly antipyretic properties, but both the amount of excitement which it produces and the briefness of its effect are serious drawbacks to its general adoption in the treatment of fever. Fuchsin, in doses of one to three grains in twenty-four hours, has been found to reduce the quantity of albumen in some cases of Bright's disease. The value of oxalate of cerium in the cough of phthisis, bronchitis, pertussis, and other conditions has been investigated by the Therapeutical Society of New York, with the result that the drug has proved useful chiefly as an indirect, but probably also as a direct, pulmonary or respira-

tory sedative. Benzoate of soda, which last year received its *coup de grâce* as a remedy for phthisis, has lately been praised in the treatment of whooping-cough, scarlet fever, diphtheria, and gonorrheal ophthalmia. Upon the other hand it is claimed that good results have followed the administration of crude petroleum (in capsules) in chronic diseases of the lungs. Chloride of calcium appears to have been used with benefit in some forms of phthisis. Caffein, in the form of citrate, has been proved to deserve a trial as a diuretic in cardiac dropsy, if other measures fail. Whatever may be the value of pyrogalllic acid in the treatment of scaly diseases of the skin, it certainly must be used with caution, as the application of it to an extensive surface has caused death in at least one instance by dissolution of the blood-corpuscles. Quebracho bark maintains its good character as a remedy for dyspnea from pulmonary or cardiac disease, and in spasmodic asthma. The action of the nitrites of sodium and potassium has been quite recently investigated in America and Germany, and the results appear to show that in these drugs we possess remedial agents which at once possess many of the most important properties of nitrite of amyl, and are more gradual and persistent in their influence.

The value of antiseptics is now so thoroughly established that surgeons appear to have in a great measure ceased to discuss the general question of their application, and betaken themselves to the discovery of new substances possessing this property. Boracic acid has been recommended by certain Continental and American authorities; benzoic acid by others. A solution of acetate of alumina has been highly recommended in Germany both for its activity and for its cheapness; and the salts of copper are said to possess the same properties by Dr. Burq. Another claimant for trial and attention as an antiseptic has been brought forward in Edinburgh, in menthol, a crystalline solid derived from the essential oil of pepper-mint; and this substance is said to be also "anti-neuralgic." . . .

Nitro-glycerin has been found to be a drug of real value in many, although naturally not in all, cases of angina pectoris; and there is considerable evidence in favor of its use in sea-sickness. Jaborandi and its active principle, pilocarpin, have been tried without more than very moderate success in hydrophobia; with small success in perspiratory disorders of the skin, psoriasis, and acute eczema; and with more encouraging results in prurigo, chronic urticaria, chronic eczema, various forms of asthma, in myxedema, and in Bright's disease. It appears also to act occasionally as a useful galactagogue. From America we hear that the hypodermic injection of pilocarpin has proved to be of great value in the paroxysm of ague when given immediately before the attack or in the cold stage; and it is alleged that when the incipient symptoms are thus checked the malarial disease may be actually relieved for a time, whether with or without the administration of quinine in the intervals. The stigmata of maize has been highly spoken of in France as a diuretic and sedative to the genito-urinary tract, especially in calculus.

Gelseminum has come into more general use during the year in the treatment of the acute periods of the neuroses, especially of neuralgia and megrim. Bromide of ethyl has been employed both as a general and as a local anesthetic, but unfortunately not always with success or even safety. Iodide of ethyl has been highly praised as an anti-spasmodic in



asthma. In our own pages Dr. John Lucas has drawn attention to the value of *cannabis indica* in tetanus when the drug is administered in the form of smoke from a pipe in the ordinary fashion.

During the year a considerable number of cases have been reported in which ergot has appeared to be of benefit in diabetes and diabetes insipidus. A new mydriatic, named homatropin, has been introduced, which promises to be equally certain in its action on the eye with atropin, and at the same time less irritant, while its effects pass off more quickly. Prof. Ladenburg, of Kiel, has proved that the alkaloids called hyoscyamin, daturin, and duboisin are identical with each other, and isomeric with atropin, into which they may be converted.

**Intussusception treated successfully with Soda-water Injections.**—In a case of intestinal obstruction, attendant with abundant fecal vomiting and very severe symptoms, admitted into the London Hospital, Dr. Sansom ordered copious enemata of soda-water and also the administration of aerated water by the mouth. The object was twofold: first, to obtain the anesthetic effect of carbonic acid upon the bowel; secondly, to cause some inflation of the bowel both above and below the obstruction. The case made an excellent recovery, though of course it would be impossible to say that such recovery was the direct result of the treatment. It would appear most probable that the successful issue was chiefly due to the energetic treatment by copious enemata administered in the inverted position of the body. Nevertheless it is not improbable that the treatment by aerated-water injections contributed to the favorable result. At any rate, Dr. Sansom is disposed to give the plan a more extended trial.—*Ibid.*

**Nephro-lithotomy** is an operation which has recently been successfully performed for the first time upon a healthy kidney by Mr. Henry Morris (*Med. Record*). The disease was nephritic colic. The presence of a stone was suspected, and incision being made an oxalate-of-lime calculus weighing thirty-one grains was removed from the pelvis of the kidney. The case was especially important, because it showed that a healthy kidney could be cut into without exciting hemorrhage or causing a urinary fistula. The facts established by Mr. Morris will doubtless lead to a more frequent employment of the operation. Even in case the diagnosis proves false, and upon exposure of the kidney no stone is found, no harm need ensue, for the wound readily heals and the counter-irritation produced by it has a beneficial effect.

**Retention of Urine.**—A little boy, two and a half years old, was brought to me by his father and mother Wednesday, January 29, 1862, with his bladder greatly distended and with general edema of the scrotum and perineum. The parents brought with them a letter from the late Mr. Barrett, of Kingston, giving this history of the case: That the child had not passed any urine since three o'clock on Monday morning; that Mr. Barrett had attempted to pass a small catheter, but had failed to make it enter the urethra. Two doses of castor oil had been taken by the child without any action of the bowels, and he refused all food. On examination I found that the child suffered from congenital phimosis, that the orifice of the prepuce was completely closed, and that the prepuce was adherent every where to the glans.

Taking the penis between my finger and thumb to hold it steady, I made a slight incision with a bistoury through the extremity of the prepuce on each side sufficiently to expose the meatus of the urethra. Upon relaxing the compression of the penis a large amount of clear urine was ejected forcibly, flowing over the table on to the floor. The bladder was completely and suddenly emptied. At the same time the bowels acted most freely as the child lay upon the table. The child, on this relief, fell into a state of collapse, from which he recovered slowly. He was then carried home by his parents. He did not suffer any further inconvenience.—*E. L. Hussey, F.R.C.S., in Med. Times and Gazette.*

**Characteristic Distinctions between Human Blood and that of other Animals.**—Dr. Vincenzo Peset y Cervera has found that on mixing the blood of different animals with a little bile, there are formed in the mass crystals not exceeding 0.003 meter in size. These crystals may be distinguished thus: Those of man are right rectangular prisms; those of the horse, cubes; of the ox, rhombohedrons; of the sheep, rhombohedric tablets; those of the dog, rectangular prisms; those of the rabbit, tetrahedrons; of the squirrel, hexagonal tablets; of the mouse, octahedrons; of common poultry, cubes modified at their angles, etc.—*Science.*

**Autopsy made Six Hours after Death from Chloral.**—The head alone was examined. No traces whatever of previous inflammation were found (*New York Med. Record*). "The vessels of the pia mater were enormously enlarged and gorged with blood, and there were very many more of them visible than are seen in a normal brain. In the meshes of this vascular membrane there was infiltrated a sero-gelatinous exudation, more marked along the course of the arteries and veins than elsewhere, and which appeared to be in the arachnoid, but this was not the case. Cerebrum normal, save for excess of blood. No fluid in ventricles. Blood present in very marked excess. "The pons varolii was surrounded by such a plexus of capillaries that its tissue proper could hardly be distinguished. All the sinuses of the brain were, like the longitudinal, completely filled with blood." The ganglia, crura, choroid plexuses, nerves, and all the other parts abnormally vascular, otherwise normal. Blood in vessels more or less coagulated, but no rupture and no extravasation found.

**Chloral Hydrate as an Antiseptic.**—M. Dmitrieff, in a recent inaugural dissertation published at St. Petersburg, states that he has tested the effect of chloral hydrate, both clinically and experimentally, upon unhealthy, badly-granulating wounds (*British Med. Journal*). By excision of a piece of skin in dogs, and infection of the wound with putrefying matter, he produced unhealthy, ulcerating surfaces. Some of these he dressed with one- or two-per-cent solution of chloral hydrate, while the rest were simply covered with a moist cloth. The first very soon became healthy and cicatrized before the others. On microscopic examination the ulcers were found covered with a layer of micrococci, which disappeared after two or three days' dressing with chloral hydrate. These results were confirmed clinically. The writer has also shown that an equal quantity of a one-per-cent solution of chloral hydrate destroyed in twenty minutes all mobility of the bacteria in a putrefying infusion of flesh.



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H. A. COTTELL, M. D., . . . Managing Editor.

## DEATH IN ART.

The London Lancet criticizes the manner of death which is adopted on the stage. Its particular reference is to the method which Connaro, in the play of "The New Trial," now exhibited at a London theater, succumbs to the poison he has taken. The doctor of modern pattern, with microscope upon his table, views the agony and makes no effort to interfere; and the hero goes to his end, after symptoms of the ultra-stagey sort, which no doctor would be able to diagnose. The Lancet thinks that such exhibitions are not pleasing or instructive, and is of opinion that a return to the usages of the ancients, in allowing all deaths to take place out of sight, would be a distinct gain to the modern stage.

We are not wholly agreed with the Lancet upon this point. Advancing years and improved taste perhaps have not robbed us of the memories of our youth, and the interest then imparted by a first-class surrender of the ghost before the footlights. For the sake of those who come after us, we trust Macbeth will never die in private nor Richard succumb in sequestered spot. How the old thrill comes back! When the polished rapiers were put aside, and stout and pointless blades were assumed for business; when they drove each other through bar-bacan, over bridge, from wing to wing, clear up to the stage-boxes, practicing "every feint and ward"—"two up and one down"—before the tyrant fell, to last a few minutes longer resting on elbow and hip. It was

an ill-conditioned boy who did not think such a scene repaid him for his half-priced admission.

But mortal combats are one thing and fatal diseases another. We think in this matter much improvement could be made on the methods of the stage; that the approaches to death could be toned down to the minimum, which would indicate what was the matter, and the agony at last be cut as short as possible. The cough of Camille is not a very interesting sound; and one lady—Miss Coombs—we pleasingly remember, gave us very little of it. Others we might mention rattle away with it on every occasion, and are supposed to be very true to nature; but they are not, for the cough of advanced phthisis, to be wholly realistic, should be concluded by an occasional vomit, which would be clearly unattractive to the boxes. So, too, there is a Brooklyn *artiste* who enacts a heroine with heart-disease, and who to make herself perfect has, it is said, studied the matter clinically, to see how people do with cardiac trouble. But she could not have learned much which would be of advantage to her; as the evidence of pain from valvular lesion—at the distance she stands from the audience at any rate—would not vary essentially from the expressions of a concentrated stomach-ache; and to be entirely realistic she should exhibit swollen ankles, which we dare swear no devotion to art will lead an actress to do.

It was in the days of our fathers that two rival companies announced their exhibitions, one "the Cataract of the Ganges with real water," and the other, not to be outdone, "the Forty Thieves with real thieves."

Plainly, there is such a thing as being



too true to nature. So far as disease and death on the stage are concerned, we still sympathize with the Bowery boy's "Wake me up when Kirby dies," but would see as little as possible of mad-houses and hospitals outside of professional walks.

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WE call attention to the letter of Prof. Gross, taken from the New York Medical Record, in reply to certain slanderous and exceedingly foolish assertions concerning the lack of clinical study in Philadelphia.

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### Correspondence.

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#### "HOW SHALL THE DOCTOR MAKE MORE MONEY?"

*Editors Louisville Medical News:*

By not making, as they do in this city, a charge for a visit, whether of five or thirty minutes, of three dollars, or a charge of a dollar and a half to two dollars for writing a prescription (which may do, and half the time does, no more good than so much water). If the doctor charges for a few minutes' service what it takes a man two days to earn in ordinary employment, and even trade (I take a dollar and seventy-five cents average, the year through, and am a trader whose calling harms nobody), why the doctor may lose the pay for such service, and deserves to lose it. His time is worth no more than any other man's time in honest callings.

We have doctors here—e. g. oculists—who will not look at a case under fifty dollars. Another oculist and aurist offered to *syringe* the writer's ear for *five dollars*. Dr. — charged the writer fifteen dollars for fifteen minutes' thumping of his chest to ascertain its condition. He got three dollars, and never any balance.

It is nothing but the exorbitant charges made by the physicians that prevent their being paid a fair price for their services. Unfortunately it has been for years the fashion for the faculty to charge enormous fees. Considering their constant blundering, their failure to cure—often even to relieve—their contemptuous treatment of intelligent persons, who yet see their incompetency, for venturing to doubt their assumption of su-

perior wisdom, one would think they might have learned a lesson.

The number of cases restored by persons not physicians by profession—old women seem to get this honor mostly—when such cases have been given up by doctors, is known to be legion. In the town where the writer lives Dr. B. prophesied the death of certainly half a dozen persons whom he could not cure, and all yet living and in fair health, and yet he got his pay for giving *no* equivalent.

Let doctors charge as men in ordinary business do—five dollars a day, or at the most ten dollars a day—for any man with a family can live upon three thousand dollars a year handsomely in any city in this broad land. And he will get as many of his bills paid as other men do. He should expect no more. He can make a rule *not to let his charges* exceed ten dollars a day. I rate my charges at five dollars a day, because I can live on that, and save something, too.

BOSTON, MASS.

CENSOR.

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*Editors Louisville Medical News:*

As your article in the NEWS under date of January 8th on "Good Whisky and Bad" is nothing more nor less than an advertisement, it does not merit a review; but the NEWS itself does deserve severe criticism for permitting the publication of such an advertisement under the disguise of an editorial. If the Newcomb-Buchanan Company wish to advertise the excellency of their whiskies, it would be cheaper, at least to you, for them to pay the regular rates if they have not paid you. I am aware you will cast this in the waste-basket, or say if I know more about editing the NEWS than you I should take possession. But seriously, I have been a reader of the NEWS for several years, and have never seen any thing in it but to admire before this. I look for its coming with the pleasure of the visits of an old friend; for indeed it is my friend and guide.

LITTLE ROCK, ARK. T. J. DRAPER, M.D.

[We are always glad to receive well-meant criticism upon the course of the NEWS, whether favorable or otherwise. The article on "Good Whisky and Bad" was written by the editor after careful study of the subject, and the statements made therein are strictly accurate. We do not believe that any more important matter in therapeutics has been presented through the columns of the NEWS. The value of a guar-



antee for good whisky can not be overestimated. The present supply, as obtained from our pharmacies, we repeat, is villainous, and the best endeavors of physicians have been continually thwarted by the poisonous compounds sold by our druggists under the label "for medicinal purposes." The Newcomb-Buchanan whisky is all that it says it is. It is of course not the only good whisky in Kentucky, but it is the only manufacture which now is *guaranteed*. It is sold in cases of a dozen each at \$12, so that it should reach consumers at a price not far beyond that now paid for a greatly inferior article. We again express the hope that this or the guaranteed brand of equally good distillers will take the place of the horrid stuff which our pharmacies at present dispense; and physicians would do good service in demanding it.

As to the advertisement of the Newcomb-Buchanan Company of which our correspondent complains, we trust it will prove profitable to them. The more they make out of it the better will it be for the profession. But the fact is, we are rather afraid that with the present boom in whiskies the profits are not as great as we might wish to come in the way of such personal friends. We hope our correspondent will fall in with a bottle of the N. B. brand. We are quite sure it will put him in a more kindly mood toward it.—ED. NEWS.]

### "HOW SHALL THE DOCTORS GET MORE MONEY?"

*Editors Louisville Medical News:*

Will you let a young doctor get in a lick? The medical paper is the medium through which doctors must let their wants be known and improve them, because it is published for their benefit and is paid for by them.

The profession is over-crowded, but there is room at the top. It is not expected that all of us get to the top! The inference that those at the top are wealthy and wise, is of course plausible; but that they are also to blame for the sad state of money matters with us of the profession is just as plausible. These top men make the surplus of young doctors, they run big practices, and can afford to charge little and wait long.

And the middle-men—they are generally old cronies with a tolerably good practice, own a home and a family, and manage to make both ends meet. They are generally grumblers—grumbling at the top man for su-

periority, and at the down man for majority. They are generally jealous fellows, guarding their practice by charging moderate fees and waiting—according to the requirements of their customers.

And the down men are young-fledged graduates with hardly enough experience to diagnose a case of piles from varicocele, with empty pockets, fresh from the diploma-mill, and without the hope of ever getting a case. He opens an office in the midst of the top and the middle variety, waits, gets a case, and then waits for his fees. He needs his money but must follow suit, and as he rises in the scale he falls into the old custom. Three out of five he do n't rise, and he becomes a drummer.

Altogether, money matters ought to be improved, and we rely on the NEWS, which in times gone by ventilated several nuisances. Let us hope that the NEWS will give this subject a thorough airing. The top men and the middle men and the down men must club together, and by united action we may reach the bank. Do n't run each other down and say, "too many doctors." Think, top and middle men, that you were down once, and that your preceptors cursed your audacity in studying medicine! Competition must be; it makes life worth living; and the worthy ones must succeed, the laggards fail. Doctors disagree too much! They should stick together, stand up to their fee-bills, and collect thirty days after date—ten per cent on bills overdue. Make a business of your profession, and you will be respected by having money in your pocket.

Bad bills are found in every business, and every business man loses more or less every year, therefore we must conclude to lose some bills. But recollect that money is not every thing—the thought of doing right to one's self and to others is far more valuable. Let us move forward in a solid phalanx!

Will the next man now appear before the curtain?  
A DOWN MAN.

FERDINAND, IND.

A FARMER in Scotland has been fined £1, with £2 5s. expenses, for a breach of the Dairies, Cowsheds, and Milkshops Order of Council of July, 1879, under the Contagious Diseases (Animals) Act, 1878, under the following circumstances: He had a daughter in his house suffering from scarlet fever and measles, upon whom his wife attended while she also was in discharge of her duties in the dairy.—*British Med. Journal*.



## Books and Pamphlets.

AMERICAN HEALTH PRIMERS: OUR HOMES. By Henry Hartshorne, A.M., M.D., formerly Professor of Hygiene in the University of Pennsylvania, etc. Phila.: Presley Blakiston, 1012 Walnut St. 1880.

DIAGNOSIS AND TREATMENT OF EAR-DISEASES. By Albert H. Buck, M.D., New York City, Aural Surgeon to the New York Eye and Ear Infirmary, Instructor in Otology in the College of Physicians and Surgeons, City of New York. New York: William Wood & Co., 27 Great Jones Street. 1880.

ATLAS OF SKIN-DISEASES. By Louis A. Duhring, M.D., Professor of Skin-diseases in the Hospital of the University of Pennsylvania, Consulting Physician to the Dispensary for Skin-diseases, Dermatologist to the Philadelphia Hospital, and author of A Practical Treatise on Diseases of the Skin. Part VIII: Erythema Multiforme (Papulosum); Psoriasis; Syphiloderma (Tuberculosum); Tinea Trichophytina (Circinata et Tonsurans). Philadelphia: J. B. Lippincott & Co. 1880.

AN ELEMENTARY TREATISE ON PRACTICAL CHEMISTRY AND QUALITATIVE ANALYSIS. Specially adapted for use in the Laboratories of Colleges and Schools and by Beginners. By Frank Clowes, D.Sc., Lond., Fellow of the Chemical Societies of London and Berlin; Fellow of the Institute of Chemistry; Senior Science Master at the High School, Newcastle-Under-Tyne; late Science Master at Queenwood College. With illustrations. From the third English edition. Philadelphia: Henry C. Lea's Son & Co. 1881.

MINOR SURGICAL GYNECOLOGY: A Manual of Uterine Diagnosis and the lesser Technicalities of Gynecological Practice, for the use of the advanced Student and general Practitioner. By Paul F. Mundé, M.D., Professor of Gynecology in Dartmouth Medical College; Obstetric Surgeon to Maternity Hospital, New York; Physician for Diseases of Women to the Outdoor Department of Mt. Sinai Hospital; Fellow of the American Gynecological and the New York Obstetrical Societies; Corresponding Fellow of the Obstetrical Societies of Edinburgh and Philadelphia, and of the Gynecological Society of Boston. With three hundred illustrations. New York: Wm. Wood & Co., 27 Great Jones Street. 1880.

PHOTOGRAPHIC ILLUSTRATIONS OF CUTANEOUS SYPHILIS. Complete in twelve numbers. Nos. 4, 5, and 6. Price, two dollars. By Henry Fox, A.M., M.D., Clinical Lecturer on Diseases of the Skin in the College of Physicians and Surgeons, New York; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases; Fellow of the American Academy of Medicine; Member of New York Dermatological Society, the American Dermatological Association, etc. Forty-eight plates from life, colored by hand. No. 4 contains—Syph. Papulosum et Pustulosum; Syph. Pustulosum; Syph. Pustulosum Corymbiforme; Onychia Syphilitica. No. 5: Syph. Papulosum Humidum; Syph. Papulo-squamosum; Syph. Pustulo-squamosum; Hydroa Pemphigus Iris. No. 6: Eczema Squamosum; Syph. Squamosum Circinatum; Syph. Tuberculosum Ulcerativum; Syph. Squamosum Gydatum; Syph. Squamosum Circinatum; Syph. Tuberculosum. New York: E. B. Treat, 757 Broadway. 1880.

NATIONAL BOARD OF HEALTH BULLETIN. Vol. II, No. 29. Washington, D.C., January 15, 1881.

AMERICAN HEALTH PRIMERS: SCHOOL AND INDUSTRIAL HYGIENE. By D. F. Lincoln, M.D., Chairman Department of Health, Social Science Association. Philadelphia: Presley Blakiston, 1012 Walnut Street. 1880.

HANDBOOK OF SYSTEMATIC URINARY ANALYSIS, CHEMICAL AND MICROSCOPICAL. For the use of Physicians, Medical Students, and Clinical Assistants. By Frank M. Deems, M.D., Laboratory Instructor in the Medical Department of the University of New York, Member of the New York County Medical Society, Member of the New York Microscopical Society, etc., etc. New York: The Industrial Publication Company. 1880.

## Formulary.

### FOR PAIN FOLLOWING THORACENTESIS.

Dr. Peacock furnishes the following, in the Med. Press and Circular:

℞ Chloral hydrate..... gr. xx;  
Ammon. bromid..... gr. x;  
Tinct. aurantii..... ʒ ss;  
Aq. ad..... ʒ j;

Take at bedtime if needed.

℞ Ammon. carb..... gr. v;  
Inf. senega..... ʒ j.

Take in one dose if there be much depression.

### FOR SORE THROAT AND DIFFICULTY IN SWALLOWING.

℞ Glycerini acidi tannici..... ʒ j;  
Liq. morph. hydrochlor..... ℥ x;  
Aq. ad..... ʒ j.  
Ft. gargarisma.—*Ibid.*

### FOR DYSPNEA AND TROUBLESOME COUGH.

℞ Spir. ammon. ar..... } āā ʒ ss;  
Spir. etheris..... }  
Tinct. opii camph..... ℥ xv;  
Aq. camp..... ʒ j.

Take at one dose as required.

### TREATMENT OF SYPHILIS.

From *Le Union Médicale*. Translated by Canada Journal of Medical Science:

M. Martineau does not prescribe mercury at the time of the chancre's appearance, but only at the beginning of the secondary symptoms. This is at least prudent when the diagnosis of the indurated chancre is not perfectly clear. It would doubtless be no indifferent matter to cause a patient, in spite of himself, to undergo for three years M. Martineau's treatment for being guilty of a soft chancre.

M. Martineau prefers to administer mercury by the mouth, and he prefers Sédillot's pills—one pill the first week, two for six weeks, then one for the following months. In the course of the second year he gives a teaspoonful a day of Van Swieten's liquor or a Dupuytren's pill. M. Martineau indicates many formulæ for Van Swieten's liquor. Here is that of M. Mauriac:



Distilled water .....	550	grams;*
Syrup of morphine.....	250	"
Orange-flower water.....	100	"
Tincture of mint.....	4	"
Rectified spirit .....	95	"
Sublimate.....	1	"

One teaspoonful in a cup of milk.

For Dupuytren's pills the physician of Lourcine usually employs the following formula:

Bichloride of mercury.....	0.005	grams;
Extract of opium .....	0.01	"

for one pill, to be taken before breakfast.

The iodide of potassium is also administered in moderate doses of fifty centigrams to one gram daily. Here is the formula usually employed:

Distilled water.....	400	grams;*
Iodide of potassium.....	40	"

One to two teaspoonfuls at night in half a wine-glass of water, sweetened with syrup of bitter orange-peel.

The sulphides, the third therapeutic agent in syphilis, ought to be employed from the end of the second year. If the patients can not betake themselves to some mineral station, he prescribes sulphur baths, and to drink for fifteen days of each month, and this for about three months, Challes water, sulphurous bromo-iodide water, in the dose of half a glassful morning and evening, mixed or not with milk. The sulphurous water facilitates the absorption and the elimination of mercury, permits of its being given in large doses without provoking mercurial stomatitis, and even combats this last as efficaciously as chlorate of potassium.

## Pharmaceutical.

ATTENTION is specially directed to the advertising page of McKesson & Robbins, which is changed this week. This firm of manufacturing chemists are making steady endeavors to supersede the sulphate of quinine with the bisulphate, which is their specialty. The superior solubility of the bisulphate (one in ten, while the quinia sulphate is one in seven hundred) seems an excellent reason why it is to be preferred.

The table of prices for the several varieties of pills—bisulphate, sulphate of cinchonidia, and powdered purified chinoidine pills—are given. The chinoidine pills especially are quoted at extraordinarily low rates, and they should, we think, come into more extensive use under their own name.

Concerning the excellence of the Messrs. McKesson & Robbins's preparations, it is unnecessary to speak. Their gelatine-coated pills are the perfection of pharmaceutical art, and their absolute reliability was never questioned.

\*A gram is 15.432 grains.

## Miscellany.

CLINICAL ADVANTAGES IN PHILADELPHIA.  
Letter from Prof. S. D. Gross to the New York Medical Record, December 11, 1880:

In your issue of December 4th there is what purports to be an extract from the London Lancet, written by a Philadelphia correspondent, reflecting seriously upon the clinical teachings of the Philadelphia hospitals. "Clinical study," says this Cerberus, "in the medical curriculum, is apparently unnecessary. I was assured that at the Jefferson College, which is one of the leading medical schools in the country, a man might take his degree in medicine and go forth to practice his profession without ever having seen a case."

Who this slanderer is, I of course do not know; but I am deeply chagrined to see such a paragraph in your widely-circulated journal without a flat contradiction. Instead of this, you place a part of the last sentence in italics, with a note of exclamation, as much as to ask, "Can this thing be possible?"

This thing is not possible. Every body acquainted with the history of the Philadelphia schools knows that the statement of the correspondent of the London Lancet is false in every particular. Without going into comparisons, it is safe to assert that nowhere on this continent is there greater attention bestowed upon clinical teaching than there is at our hospitals. Elderly men, middle-aged men, and young men, all able, more or less highly cultured and fully up in point of knowledge with the existing states of the various branches of the medical sciences, are daily engaged for at least ten out of every twelve months in delivering instruction of this kind in connection with our large and well-equipped hospitals. As to the Jefferson Medical College, into which this slanderer seems to take special delight in fastening his venomous fangs, it is a well-known fact—a fact which long ago passed into history—that it was the first school in this country in which clinical instruction was given. It was emphatically the founder of the surgical clinics of the United States, if not also of the medical. Those who are acquainted with Dr. George McClellan, the founder of the school—a man of great genius and of large reputation as a skillful surgeon and an eloquent lecturer—will have no difficulty in awarding to him this distinguished honor. For at least forty years the college has prided



itself upon its clinical teachings in surgery, medicine, and midwifery, to which were recently added gynecology, ophthalmology, otology, and laryngology; in fact, every thing that is taught in any of the best schools in the world. Daily clinics are held in the magnificent amphitheater in the new hospital dedicated three years ago. What is true of the Jefferson College in this respect is equally true of the University of Pennsylvania. Both schools have most able corps of clinical teachers, inferior to none in this or, I venture to assert, in any other country.

The slanderous statement of the London correspondent can only be explained on the supposition that he is the very fellow who, by the grace of God, obtained a degree from the college *without ever having seen a case*, his indolence and indifference not having permitted him to avail himself of the precious pearls that are daily thrown before *such* swine in the ample amphitheatres of the Philadelphia hospitals.

I am, very truly yours,  
S. D. GROSS.

PHILADELPHIA, December 5, 1880.

[We made the quotation for what it was worth, and on the authority of a correspondent of the London Lancet. We preferred that a denial of the facts in the case should come from headquarters, and we publish the letter of Prof. Gross with great satisfaction.—ED. N. Y. MED. RECORD.]

FOG AND PHYSIC.—In a paper prepared by Dr. Arthur Mitchell the influence exerted over the mortality of London by the memorable fog which continued from November, 1879, to February, in the year just past, is exhibited the death-rate of the metropolis, being shown to have grown from 1,754 to 3,376, which number of deaths was registered in one week (Med. Press and Circular). In other large towns no such huge increase was noted, although a certain amount of illness terminating in death could be attributed in excess to the prevalence of fogs. It is significant that asthma is the disease to which, in greatest numbers, deaths were attributed during the prevalence of the great fog in London, and at the present time the experience of physicians points to the same affection as the most potent agent in swelling the list of casualties in their practice. Moreover, pneumonia, bronchitis, and pleurisy are chief among the ailments whose ratio is highly increased during the foggy period of an English winter, bronchitis especially rising

to an unprecedented height. It is well, in view of this fact, and the constant possibility that the history of 1880 may be at any time a repetition of that of the previous year, to consider the details already presented to us in explanation of the occurrences now familiar to all our readers. There seems to be no question that the principal evil to be dreaded in connection with dense fogs is less due to the mere vaporous atmosphere than to the precipitated impurities with which it is charged. Injurious though it may be, the former presents elements of danger against which reasonable precautions will avail; but of the latter it may be said that hardly any remedy is found to avail against it. Compounded of soot impregnated with gaseous acids, ammonium, sulphide, and numerous other highly irritating impurities, a covering is formed for the aqueous vesicles, of which the fog-cloud primarily consists, and it is easy to see how the respiration of such an atmosphere will affect the lungs of the one breathing it. Even where no predisposition to disease exists there may well be created a tendency to contract it under conditions so inimical to healthy breathing; and hence it can be understood that the mortality returns during the prevalence of fog are largely swelled by deaths from lung affections. In certain situations the danger arising from this source is further enhanced by the existence of manufactories in their neighborhood, emanations from which largely multiply the probabilities of danger to life.

FOOT-AND-MOUTH DISEASE AND CREMATION.—The outbreak of foot-and-mouth disease, recently reported, calls the attention of our sanitary authorities to the advisability of adopting the cremation rather than the burial of diseased cattle (British Med. Journal). Pasteur has shown that the soil of fields where cattle dying of "charbon" or splenic fever have been buried remains permanently infected with the disease, and becomes at any moment the origin of new outbreaks. Spencer Wells recently pointed out, in his paper at the last meeting of the British Medical Association, the observations of our own Darwin "on the formation of mould," made more than forty years ago, when he was a young man, are curiously confirmatory of the recent conclusions of Pasteur. In Darwin's paper, read at the Geological Society of London in 1837, he proved that in old pasture-land every particle of the superficial layer of earth overlying different



kinds of subsoil has passed through the intestines of earth-worms. The worms swallow earthy matter, and after separating the digestible or serviceable portion they eject the remainder in little coils or heaps at the mouth of their burrows. In dry weather the worm descends to a considerable depth and brings up to the surface the particles which it ejects. This agency of earth-worms is not so trivial as it might appear. By observation in different fields Mr. Darwin proved in one case that a depth of more than three inches of this worm-mould had been accumulated in fifteen years, and in another that the earth-worms had covered a bed of marl with their mould in eighty years to an average depth of thirteen inches.

Pasteur's recent researches on the etiology of "charbon" show that this earth-mould positively contains the specific germs which propagate the disease, and that the same specific germs are found within the intestines of the worms. The parasitic organism, or *bacteridium*, which, inoculated from a diseased to a healthy animal, propagates the specific disease may be destroyed by putrefaction after burial. But before this process has been completed germs or spores may have been formed, which will resist the putrefactive process for many years, and lie in a condition of latent life, like a grain of corn or any flower seed, ready to germinate and communicate the specific disease. In a field in the Jura, where a diseased cow had been buried two years before at a depth of nearly seven feet, the surface-earth not having been disturbed in the interval, Pasteur found that the mould contained germs which, introduced by inoculation into a guinea-pig, produced charbon and death. Further, if a worm be taken from an infected spot the earth in the alimentary canal of the worm contains these spores or germs of charbon, which, inoculated, propagate the disease. And the mould deposited on the surface by the worms, when dried into dust, is blown over the grass and plants on which the cattle feed, and may thus spread the disease. After various farming operations of tilling and harvest, Pasteur has found the germs just over the graves of the diseased cattle, but not to any great distance. After rains, or morning dews, the germs of charbon, with a quantity of other germs, were found about the neighboring plants; and Pasteur suggests that, in cemeteries, it is very possible that germs capable of propagating specific diseases of different kinds, quite harmless to the earth-worm, may be carried to

the surface of the soil, ready to cause disease in the proper animals. The practical inferences in favor of cremation are so strong that, in Pasteur's words, they "need not be enforced."

STAINING ANIMAL TISSUES WITH ANILINE FOR HISTOLOGICAL STUDY.—Multiple stainings are now the rule among histologists, and new observations in this direction are always welcome. The following extract is from a letter to Dr. L. S. Oppenheimer from Mr. Thomas Brown, B. A., B. Sc., F. S. S., of Glasgow, who has been at work for some time in Waldeyer's laboratory at Strasbourg:

I have been experimenting latterly with double staining, and have succeeded well with it. It does not answer where there is but one kind of tissue, of course, but where there are several it differentiates nicely; e. g. skin of the chin shows hair-follicles beautifully; liver-scirrhoses show liver-cells pink and fibrous tissues green, etc.

In case you have not tried it I will tell you how I have succeeded. Immerse the cut in a *very, very weak* solution of aniline green for twenty-four hours. At the end of twelve hours the cut will most likely have absorbed all the green; then add two drops more; then take a middling strong solution of Beale's carmine and dip the section in it for from *one to five minutes* only; then prepare with alcohol and clove oil in the usual way, bedding in dammar-lac.

Perhaps this is known in America already, but Waldeyer never saw the process before. I know it has been successfully used by Rothrock, of Philadelphia, in botanical sections, but I have not heard of it in animal histology before. If it is new to you, try it, and tell me how you succeed.

PERITONEAL TRANSFUSION OF BLOOD.—The transfusion of blood into the peritoneal cavity recommended by Ponfick, and supported by the experiments of Bizzozero and Golgi, has been recently practiced in Italy with marked success (British Medical Journal). The case is reported in the *Annali di Ostetricia* of June last. The patient, who was moribund from hemorrhage after parturition, was transfused with two hundred grams of defibrinated blood taken from a man by venesection, and injected into the peritoneal cavity. There was no reaction, and the patient made a good recovery. The method is one which seems to deserve trial in this country.



OFFICIAL LIST OF CHANGES OF STATIONS  
AND DUTIES OF MEDICAL OFFICERS OF THE  
UNITED STATES MARINE HOSPITAL SERVICE.  
October 1, 1880, to December 31, 1880:

Bailhache, P. H., Surgeon. Detailed as chairman of Board of Examiners of candidates for promotion. October 6, 1880. To proceed to Norfolk, Va., as inspector. November 1, 1880. Detailed as president of Board of Inquiry to meet in St. Louis, Mo., November 17, 1880. November 9, 1880. On conclusion of duties under order of November 9th to proceed to Dubuque, Iowa, La Crosse and Milwaukee, Wis., Chicago, Ill., Detroit, Mich., and Buffalo, N. Y., as inspector. November 10, 1880.

Miller, T. W., Surgeon. Detailed as member of Board of Inquiry to meet in St. Louis, Mo., November 17, 1880. November 9, 1880.

Purviance, George, Surgeon. Detailed as recorder of Board of Inquiry to meet in St. Louis, Mo., November 17, 1880. November 9, 1880. Upon conclusion of duties under orders of November 9th to proceed to Louisville, Ky., as inspector. November 19, 1880.

Doering, E. J., Surgeon. Granted leave of absence for thirteen days from January 3, 1881. December 29, 1880.

Smith, Henry, Passed Assistant Surgeon. To proceed to Key West, Fla., and assume temporary charge of the service at that port. December 13, 1880.

Fisher, J. C., Passed Assistant Surgeon. Detailed as recorder of Board of Examiners of candidates for promotion. October 6, 1880.

Keyes, H. M., Assistant Surgeon. To report to president of Board of Inquiry, November 17, 1880. November 10, 1880.

Cooke, H. P., Assistant Surgeon. To proceed to Galveston, Texas, and assume charge of the service at that port, relieving Assistant Surgeon Guiteras. December 14, 1880.

Heath, W. H., Assistant Surgeon. Granted leave of absence for twenty days from October 21, 1880. October 20, 1880. To proceed to Buffalo, N. Y., and assume temporary charge of the service at that port, relieving Assistant Surgeon Cooke. November 18, 1880. To assume charge of the service at Buffalo. December 14, 1880.

Guiteras, John, Assistant Surgeon. To proceed to Galveston, Texas, and assume temporary charge of the service at that port, relieving Passed Assistant Surgeon Smith. December 13, 1880. When relieved by Assistant Surgeon Cooke, to rejoin his station. December 15, 1880.

Wheeler, W. A., Assistant Surgeon. To proceed to Pittsburgh, Pa., and report for temporary duty to Surgeon Purviance. November 10, 1880. Relieved from further duty at Pittsburgh, and ordered to report to Surgeon Fessenden at New York. November 27, 1880.

Benson, J. A., Assistant Surgeon. To proceed to Boston, Mass., and report for temporary duty to Surgeon Vansant. October 15, 1880.

Banks, C. E., Assistant Surgeon. To act as inspector of unserviceable hospital property at San Francisco, Cal. November 2, 1880.

*Resignation.* Brown, F. H., Passed Assistant Surgeon. Resignation accepted by the Secretary of the Treasury, to take effect November 5, 1880. October 7, 1880.

*Promotion.* Goldsborough, C. B., Passed Assistant

Surgeon. Promoted to be passed Assistant Surgeon from October 14, 1880. October 14, 1880.

*Death.* Glazier, W. C. W., Assistant Surgeon. Died at Key West, Fla., of yellow fever, December 12, 1880.

*Dismissed.* Keyes, H. M., Assistant Surgeon. Dismissed the service, to take effect December 31, 1880. December 24, 1880.

RESTORING THE HEART'S ACTION WHEN IT HAS CEASED TO BEAT.—I do not remember what induced me to kill a mouse by a blow upon the head, and rip it open to see the heart beat. It did not. I pricked it with a needle, and set it a-going. It stopped after a time. Then I gave it a second prick, and a few pulsations were distinctly seen. When I was in petticoats my father was sent for to see a girl in a fit. He was out, and when he came home he was informed of the fact. "How long ago, and any second message?" Being told, he thought he need not go. My mother suggested he "ought to go," which he did. He found the girl dressed in her grave-clothes and "laid out" upon a linen-covered table. He examined her, and found some warmth over the heart. He ordered hot water to be brought—not scalding hot—and poured it into a jug, tore her shroud open, stood on a chair, and poured a continuous stream of hot water, until the throbbings of the heart were distinctly seen. That girl was the mother of several children before I left Scotland, in 1848. My mother used to laugh, and take her share of the credit of her restoration to life.

An old man here, Robert Robinson, several years before his death, took a fit, and apparently expired upon the floor, where he was lying, pulseless and breathless. The heart had ceased to beat, and I was told that "he was beyond any doctor's power now." I felt some warmth over the heart, and tried my father's remedy; and, to the wonder of spectators, the septuagenarian revived and lived several years afterward. Hot water can easily be obtained, and no one can object to such an experiment.—*J. C. Reid, M.D., British Medical Journal.*

MARRIAGE AS A CURE FOR SUICIDE.—After all there is some advantage in having a wife and children. From a comparative analysis of the statistical tables of suicides for France and Sweden, M. Bertillon thinks he has established the following laws: 1. Widowers commit suicide more frequently than married men. 2. The existence and presence in the house of children diminishes the inclination to suicide in both men and women.



**CHOLERA IN BURMAH.**—Cholera is reported as being very prevalent and fatal in the villages near Prome (Med. Press and Circular). This place is noted for the extensive scale upon which those two Burmese delicacies, *gnappee* and oil of the heads of shrimps, are there prepared, and as the former is little else than a concoction of decomposed fish, it would appear that a somewhat zealous British official determined to take the summary process of putting a sudden stop alike to the manufacture and sale of the *gnappee*, hoping thereby to suppress the further prevalence of the epidemic. But it does not appear that measures thus taken were followed by the looked-for results. Cholera, according to the latest report received, continued to prevail, but the populace, irritated at what they considered interference with their rights to *gnappee*, entered upon demonstrations somewhat personal against the offending official, and petitioned the higher authorities against the action taken by him. So much for hasty and partially considered sanitation.

**DANGERS OF STREET EXCAVATIONS.**—It has not infrequently been observed that the disturbance of old and filth-sodden soil for sewerage or other purposes has been followed by an explosion of infectious disease; the germs that had been lying latent in the earth being apparently awakened to new vigor by contact with the upper air (British Med. Journal). An instance of this kind is reported from Vera Cruz, Mexico, where yellow fever has recently been prevalent. It is stated that the city was entirely free from this disease until the pavements were torn up to repair a street-railroad—a belt half a mile long by twelve feet wide through the center of the city. With the commencement of that work the disease appeared.

**A SAD LESSON FROM OVERWORK.**—An inquest was held at the Halifax Infirmary on Thursday last on the body of Joseph McCarogher McWilliams, surgeon, of Halifax, who died under the following circumstances (Med. Press and Circular): For some time past he has been in the habit of taking narcotics in order to procure sleep, and upon more than one occasion has narrowly escaped losing his life from the effects. He has often complained of overwork (he having a large practice) and has suffered from loss of sleep and from nervousness. On Christmas day he called in Dr. Hodgson Wright, who prescribed for him an iron tonic. He began to improve, but on Wed-

nesday morning Dr. Wright again found him fretful and nervous, and evidently under the influence of some narcotic. Dr. Wright cautioned the servants to watch him, and to keep from him all medicines of this character. Deceased admitted having had a dram and a half of tincture of opium, but said this was all. At noon the same day he was found in a profoundly comatose state, and he remained unconscious up to his death, which occurred about 5 o'clock the same afternoon. The jury returned a verdict of "death by misadventure from the effects of an overdose of opium taken for the purpose of procuring sleep."

**OVARIOTOMY DURING PREGNANCY.**—Karl Schröder (*Zeitschrift für Geburtshülfe und Gynäkologie*), on the strength of seven successful ovariectomies during pregnancy performed by himself, and fourteen performed by Olshausen, with only two deaths, considers that ovariectomy during pregnancy is an operation not to be feared especially, and only to be avoided when especial contraindications are present (British Med. Journal). It improves the prognosis, he considers, for the mother, and probably does not injure it for the child. The operation is best performed during the earlier months of pregnancy. Later, the broad ligaments are so full of dilated veins that the treatment of the pedicle becomes more difficult and more dangerous.

**BEHIND THE TIMES.**—The Med. Press and Circular says: The recognition for a need of supplementing the ordinary lectures on medicine by practical demonstrations other than the somewhat informal ones usually given in the ward is an important matter to the student, and in this instance the Durham University School is to be congratulated on the possible union of Professor Philipson and Dr. Drummond as the teachers of medicine to its students. We understand that the council of the college has regularly adopted the proposed change at Dr. Philipson's suggestion, and that the appointment will soon be made to the duties of the new office.

[This want, which was felt for many years by our leading American schools, has been met by supplementing each chair with a practical demonstrative course under a special teacher. The University of Louisville, medical department, has had these practical courses in successful operation for nearly three years, and with gratifying results.]



## Selections.

**Diseases of the Heart in Children.**—W. H. Day, M.D., M.R.C.P., London, Physician to the Samaritan Hospital for Women and Children, in Med. Press and Circular:

In children, owing to the thinness of the chest-walls, the impulse of the heart is diffused over a larger space than in adults; not infrequently a part of the right ventricle may be detected beating immediately under the left costal cartilages close to the sternum. The apex may also be seen as well as felt in the normal position. When the intercostal spaces are depressed and the ribs prominent at their attachment to the sternum the partial outline of the heart becomes all the more distinct. The shape of the chest (whether natural, rickety, or pigeon-breasted) will influence the area of percussion dullness and the extent of the cardiac movement perceptible beneath the thoracic parietes.

The size of the heart does not increase with absolute regularity in childhood; for Rilliet and Barthez have shown that between the ages of fifteen months and five years and a half its circumference remains nearly the same, increasing slowly afterward until puberty.

*Palpitation.* We understand by palpitation a frequent and tumultuous action of the heart not usually accompanied by organic disease, though it is sometimes present in valvular affections. On placing the hand over the cardiac region a sudden and violent thumping movement is appreciable, and the heart's action can be seen beneath the chest-wall. The sounds are exaggerated, and there is sometimes a soft bruit, which vanishes when the organ resumes its tranquility. When the disorder is well pronounced there is considerable constitutional excitement, quick pulse, headache, and a tendency to syncope. The attacks come on in the night, or on first waking in the morning. The female sex is more liable to it than the male. As growth proceeds and the health remains delicate, continued palpitation of the heart may induce hypertrophy or dilatation.

The causes of this functional disorder are the nervous temperament, running after meals, violent exercise, mental emotion, anger, fear, etc. It is often witnessed among choreic children and those reduced by chronic or lingering disease, loss of blood, dyspepsia, and pulmonary affections. In Graves's disease (exophthalmia) the anemic condition is accompanied by palpitation of the heart and throbbing of the arteries.

The diagnosis mainly rests on the absence of the signs of organic disease and the frequency of the pulse, followed by steadiness and regularity as the attack subsides.

The treatment consists in the removal of the cause, if this can be done, and improvement of the digestive and nervous systems. Where there is dyspepsia an alkali with hydrocyanic acid will calm the excitement, and afterward the ammonio-citrate of iron, with a drop or two of liquor strychnia, according to age, may be given with advantage. The emplastrum belladonna may be applied over the cardiac region if there be pain there. When the symptoms persist the main hope of relief depends on an improved state of the blood and attention to hygienic rules.

Syncope or fainting is occasionally observed in

children of nervous constitution. A peculiar sensation is first experienced of dizziness and swimming before the eyes, and singing noises in the ears, then the face and lips become pale, the skin clammy, and the pulse at the wrist so weak that it is barely perceptible. The patient, if unsupported, falls to the ground, and the breathing is hardly distinguishable. This alarms friends and bystanders, for the pallor of the face is death-like, the muscles are relaxed, and the extremities are cold. By and by if the recumbent posture is maintained a few deep sighs are drawn, and as respiration is established the natural color of the face returns. Mild cases do not last over a few seconds, and the pulse is only slow and weak; but severe cases continue for some minutes, and the patient no sooner shows signs of rallying than in attempting to stand up the syncope returns at once, the lids quiver, and drops of sweat stand upon the forehead.

The causes are loss of blood, or even the sight of it in some nervous constitutions, profuse diarrhea, extreme fatigue, severe pain, and affections of the heart. Sudden shock, or even excitement, are also capable of producing the symptoms.

*Treatment.* The recumbent posture should be maintained and a current of fresh air be admitted; ammonia to the nostrils, sprinkling cold water over the face, loosening all dress, and friction over the limbs. When the patient can swallow, a little brandy and water, or a draught containing ammonia, with spirit of chloroform, should be given. If the vapor of ammonia be applied to the nostrils, it should be done with care. If too strong the vapor may cause bronchitis.

*Neurosal Affections.* These consist of a neurosis of the cardiac ganglia, inducing functional disturbance in the heart's action. This neurosis is, I believe, a very common disorder among delicate children. When they cry on slight provocation and are restless and excitable a careful examination of the heart and circulation will often throw light upon an obscure set of symptoms. I have elsewhere fully entered into this subject. The complaint is observed in weak and delicate children, and in those who suffer from chorea or nervous states resembling it. Children who are born prematurely and who are badly reared and neglected during the first year of life are liable to it as they approach seven or eight years of age, particularly if the strain of school life is put upon them too early. General debility from any cause will favor an outbreak, and anemia and loss of blood by disturbing the equanimity of the nervous system will cause perverted nerve action. It may follow hooping-cough, chronic enlargement of the tonsils, or chronic pneumonia. The offspring of nervous or insane parents are also subject to it.

The symptoms are palpitation of the heart, followed by faintness and exhaustion. If the hand be placed over the cardiac region a thumping, violent movement is communicated to it, accompanied by irregularity or intermission of the pulse. This symptom is always a sign of imperfect muscular action through the quality of the blood and the unstable condition of the nervous system. Sleep is unrefreshing and restless or noisy, dreaming is common, and the urine often contains phosphates.

The treatment which I have almost invariably found successful consists in the employment of rest and tonics, good food, cod-liver oil, and warm clothing. Steel wine and arsenic (form 93), quinine, the syrup of phosphate of iron, the ferrum dialyzatum



(dialyzed iron), and Parrish's chemical food are valuable remedies in particular cases; but I place the greatest confidence in a combination of iron, digitalis, and strychnia. If there is excitement and sleep can not be obtained, iron may be combined with the bromide of potassium.

**A Case of Epileptiform Neuralgia treated by Stretching the Intraorbital Nerve.**—W. J. Walsh, F.R.C.S., in British Med. Journal:

The attacks, which usually lasted for about half a minute, were limited to the right side of the face. They began in the upper lip of the labial branch of the fifth nerve, spread to the side of the nose—i. e. to the nasal branches—and thence proceeded to the lower eyelid, i. e. to the palpebral branches. There was also pain in the supra-trochlear and supra-orbital branches of the ophthalmic, but this was of a subordinate character. During an attack there was a slight twitching in the levator anguli oris, and the eye on the affected side became suffused with tears. The patient was emaciated and exhausted; the pulse was small and feeble, and intermitted every thirtieth beat. Dr. Champneys, who kindly examined the heart for me, reported it healthy.

On January 24th she was ordered one thousandth of a grain of aconita (Hopkins and Williams) three times a day. After three doses the pulse intermitted every third beat, and the aconitia was consequently stopped. It produced no other noticeable symptom, nor did it relieve the pain.

On February 3d I exposed the infra-orbital nerve just below the spot where it emerges from the bone, separated it from its companion artery, passed an aneurism-needle under it, and stretched both the proximal and the distal parts with considerable force. The wound was sponged out with carbolic-acid lotion, the edges were brought into contact and secured with fine sutures, and then sealed with collodion. Immediately after the operation the sensation of the parts supplied by the nerve was found to be nearly perfect, except that there was some slight numbness. The patient passed a good night. She had several slight shooting pains, but no severe neuralgic attack.

From February 5th to 11th she had a sharp attack of erysipelas of the face, head, and neck. After this she progressed favorably without any pain until the 21st, when she had another similar attack of erysipelas, during which she had two or three attacks of severe pain, each lasting about half an hour. This pain was continuous, did not occur in spasms, and had not the characters of her previous epileptiform seizures.

From this time she convalesced favorably, without any pain whatever, and was discharged March 4th. When last heard of, five months after the operation, she had had no return of pain.

The case offers another example of the hitherto intractable nature of epileptiform neuralgia. During the ten years the patient had suffered from it she had tried almost every known remedy in the way of drugs (tincture of aconite, belladonna, strychnia, bromide of potassium, cannabis indica, morphia, iron, iodide of potassium, croton-chloral hydrate, arsenic, and salicin). Galvanism had also been tried. She had not had aconitia; and as this remedy is stated by Gubler (London Medical Record, 1877, p. 150), in his hands, never to have failed, even in cases of long standing, I gave it a trial before resorting to stretching. Although administered in very small doses, it had such

a marked effect upon the pulse that I felt it would be unwise to continue it; and in this opinion I was supported by my colleague Dr. Champneys, who saw the patient with me. It certainly did not cause any alleviation of the pain. Acupuncture of the corresponding parts on the side opposite that on which the pain was felt—highly spoken of by Dumontpallier, Charcot, Westphal, and others—as I expected, did not have the least effect. In the performance of the operation I followed the dictum laid down by Dr. T. Granger Stewart, of making traction upon the distal as well as upon the proximal part of the nerve, by pulling the lip and cheek downward, and at the same time holding the nerve at its point of emergence. . . .

It is now several months since this paper was written; and as I have not again heard from the patient, although she promised to let me know if she had a relapse, I think I may conclude that she is still free from pain. . . .

The benefit derived from nerve-stretching would seem to show that neuralgiæ of obscure origin depend rather upon a peripheral than upon a central cause. Dr. Anstie, among others, was strongly in favor of the view that all neuralgiæ have a central origin. He believed them to depend either on an atrophy, or tendency to atrophy, in the posterior or sensory roots of the painful nerve, or in the central gray matter, with which it comes into closest contact. But as cessation of the pain is almost immediate when the nerve is stretched, and as it has been shown that the stretching of a nerve does not primarily influence the center, it would appear that at any rate in these cases the neuralgia should be ascribed to change of function in the trunk or in its periphery.

A morbid condition of the spleno-maxillary ganglion has been recently suggested as a cause for intractable facial neuralgia, and the ganglion has been several times removed, with, it is said, good results. It is, however, not improbable that, as the superior maxillary nerve must be stretched in the operation, the benefit obtained depended upon the stretching of the nerve rather than upon the removal of the ganglion.

**Nerve-stretching in Locomotor Ataxy.**—This case was shown recently to his class by M. Charcot, at the Salpêtrière, an account of which is published in *Le Progrès Médical*. The patient was under the care of M. Debove. He was in an advanced stage of the disease, having been bedridden for eighteen months. The pains were very severe, preventing sleep, situated in the upper as well as the lower extremities, and had required constant injections of morphia in large doses. The motor incoördination was limited to the lower extremities; the patient could not stand at all. The patellar reflex was absent on both sides; there was extreme myosis, without visual defect, in both eyes. Cutaneous sensibility was deadened; there were no anesthetic patches. There was loss of the sense of position of his lower limbs.

The left sciatic nerve was selected for operation, on account of the pains being more severe upon the left side. It was exposed in the middle third of the posterior aspect of the thigh, and violently and suddenly elongated. The wound was dressed antiseptically. The operation was performed without chloroform, as experiment has shown that pinching a nerve violently causes momentary arrest of the circulation and respiration, and it was feared this arrest might be dangerous to a patient under chloroform. However,



the patient did not suffer much pain, owing to the extent to which he was saturated with morphia. The results were very remarkable. The darting pains had ceased completely and the motor incoördination had nearly disappeared, but the tendon reflexes and the myosis remained unaltered. The patient could touch M. Charcot's hand with either foot when held a couple of feet above his bed, and when assisted could stand upright, and even walk a few paces.

M. Charcot remarked that we do not know how this operation affects this result; but this matters little. The point of importance is that nerve-stretching appears likely to be an operation of much service to the unfortunate sufferers from ataxy.—*British Med. Journal*.

**The Radical Cure of Hernia.**—George Whyte, M.D., Elgin, in *British Med. Journal*:

J. H., aged ten, a seven-months' child, had double congenital inguinal hernia. When he first came under my care the bowel on both sides descended half way to the knees. It was, however, easily reduced in the recumbent position, and my three fingers could be passed into the abdomen. His parents informed me that an operation (apparently Wutzer's) had been previously performed when he was a child, but that the "plug" was forced out by crying—the only effect being to make matters worse instead of better. Trusses of various kinds had been persistently and perseveringly tried, but the bowel always slipped down. As the parents were afraid to let the boy go to school, or even mix with other children, they were most anxious that something should be done; so after giving a further trial to trusses, without benefit, I performed the following operation:

The boy, having been confined to bed for a few days, had his bowels well cleared out by enema on the morning of the operation. Chloroform having been administered and the right rupture reduced, I began by doing what is really the first part of Prof. Wood's operation—namely, incising the skin over the fundus of the tumor, and separating it from the coverings of the sac. The forefinger of the left hand, smeared with carbolized oil, was then passed into the canal, pushing before it the sac with its coverings. The edge of the internal oblique muscle was now felt for and clearly defined, and the inner pillar of the canal elevated upon the tip of the finger. A curved needle, with a long and strong handle, was now taken in the right hand and passed through the abdominal wall, piercing the inner pillar of the canal, and the invaginated sac and coverings, on to the tip of the finger, along which it was passed until the eye appeared at the external wound. Dr. Adam, who was kindly assisting me, then threaded the needle with a specially-prepared carbolized ligature. The needle was now partially withdrawn till it freed itself from the pillar, over which it was brought into the canal again on to the finger and unthreaded. The outer pillar of the canal was now defined and pressed forward with the finger, and the needle again passed through the abdominal wall and outer pillar on to the finger, out of the wound, and threaded; then partially withdrawn and passed over the pillar into the canal again, and unthreaded as before. I next passed the needle through the abdominal wall at a point lower down, through the conjoined tendon, on to the finger and out of the external wound. The ligature from the external pillar was passed through the eye of the needle, which was then passed over

the conjoined tendon and out at the external wound, and again unthreaded. It was next passed through the skin over lower part of the outer pillar, through Poupart's ligament, and threaded with the ligature from the inner pillar, and passed over the pillar and out at the external wound as before, and unthreaded. I had thus applied subcutaneously a ligature like a boot-lace to the inner and outer pillars of the inguinal canal, and through the invaginated sac, in such a manner that when the two ends were pulled upon the pillars were approximated, and the invaginated sac retained as a plug. Before withdrawing my finger I washed out the canal with carbolic solution. I then flexed the thigh and gradually tightened and tied the ends of the ligatures and cut them off. The external wound was closed with carbolized gut sutures, which were passed deeply, and a suitable dressing and bandage applied. A similar operation was performed in the left side. The patient was then put to bed and an opiate given.

The after-progress of the case was in every way satisfactory. A light truss was recommended to be worn as a precaution. Two years have now elapsed since the operation, and the boy can enter into all the rough sports of the school without in any way inconveniencing him.

**Alcohol as an Antispasmodic.**—It is scarcely correct to say that alcohol is a good antispasmodic in cases of acute, tonic, or tetanic spasm (*Med. Press and Circular*). But in such cases it becomes a convenient and compatible vehicle for the more active direct antispasmodics, and as such I frequently prescribe it. Thus in pure spasmodic asthma I commonly order for an adult the following mixture: Amyl nitrite, ℥ iij; alcohol, sp. gr. .830, ℥ ss; distilled water, ℥ jss. To make a draught.

This, with more water added to it to render the dose agreeable to the taste, is very rapid in its action. I have at the present time a patient suffering from spasmodic asthma who, for two years past, has always carried this compound with him. He has invariably some preliminary indications of an acute attack in the form of constriction across the chest, rapid and strong action of the heart, and coldness of the hands and feet. Before he took the remedy above named he found more relief from a sharp walk, or even a run, than from any other course of treatment, and he sometimes could stave off an attack by this plan. Now he at once takes his draught in cold water—ice-water if he can get it—drinking it slowly, and he so certainly obtains the desired relief that for fifteen months he has not had one continued attack.

**The Iodine Treatment of Asthma.**—H. H. had suffered for the last six or seven years from attacks of dyspnea, coming on in the night at three o'clock A.M., which formerly occurred only in June or July, but latterly throughout the year. I painted the lines of both pneumogastrics with a mixture of equal parts of the liniment and tincture of iodine, and ordered him to repeat it every night. The next time I saw him he told me that "he had not had such a good night's sleep for twelve months." He slept all night, and was so surprised upon waking in the morning that he got out of bed to look at his watch before he would believe it. He discontinued the iodine after a few applications, as the skin became sore, but he has had no return of the attacks.—*Robert Saundby, M.D., in British Med. Journal*.



# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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R. O. COWLING, A. M., M. D., . . . . . Editor.  
H. A. COTTELL, M. D., . . . . . Managing Editor.

THE Medical Times, of Philadelphia, calls attention to the unimportant part played by the medical graduate of America in the future history of his school, and is of opinion that it would be better for all parties if the alumni of the several medical institutions had representation in the governing bodies. We are ourselves vastly of that opinion. As constituted at present, the trustees of medical colleges generally are non-medical men, without tremendous interest in the trust they have in charge, and, for all we can see, without any particular reason for being interested therein. It is something of an honor, perhaps, to have appointing power to the chairs and to govern a lot of ambitious doctors; but in times of peace there is little or nothing to do to remind them of their honors, and if war breaks out in the faculties, there is decidedly too much for the pecuniary emoluments in sight. A direct representation of the alumni in the governing board would be naturally more interested in the success of the school, and his presence there would specially serve to weld the graduates of the institution in a furtherance of its welfare.

To save our lives we can not see what there is in the present organization of the medical schools which would excite any extra fervent loyalty on the part of their graduates. It is pleasant enough to hear the sentiment about Alma Mater on commencement days; but if you come to analyze the matter, she seems a very selfish sort of an individual. Too timid to exact discipline

which would be of service to her children; making a stir now and then about the decencies of life, but satisfied in the main with the money her offspring bring her, and not wishing to be bothered with troublesome reforms.

We have no idea that a doctor in the governing board would personally be any better than the non-medical trustee. The fact is, in the experience of Louisville, he often did much worse; but the direct representative of the alumni, as its representative, might do something to consolidate and interest a very important body at present most unfittingly recognized.

CAPULET. She hath not seen the change of fourteen years. . . .

PARIS. Younger than she are happy mothers made.

We call attention to certain reports, by Drs. J. P. Thomas and O. M. Humston, published in this issue, of cases which show how Kentucky beats even Verona in the matter of youthful maternity.

THE subject of Prof. Gross's oration before the Academy of Medicine was "John Hunter." It has been published in the Boston Med. and Surg. Journal, and is an exceedingly interesting document. Professor Gross has always had the happiest powers as an historian.

THE article in this week's NEWS on the money question is from one of the most eminent journalists in the South. As a very sensible view, as others see us, it should command attention.



## Original.

### CASES IN PRACTICE.

#### A YOUTHFUL MOTHER — POLYURIA — DIPHTHERIA—CHLO. POTAS. AND TR. CHLO. FER. IN HEMORRHAGES.

BY J. P. THOMAS, M. D.

Though aware of the many cases of precocious maternity reported from time to time in medical literature, yet, as I can not now recall to mind a single case quite so juvenile as the following, at least in this country, I report it as evidence of progress in obeying the command, "Multiply and replenish the earth."

On May 10, 1880, I was called to examine Alice Bradshaw (colored) on account of supposed ascites, yet her parents were in doubt as to the cause of her "swelling," but never suspected pregnancy. "She's got the dropsy, we think." I found a mere child, whose avoirdupois, notwithstanding her increased size, did not reach seventy-five pounds; in height about four feet, scant; age, according to the produced and examined family record, was at that time eleven years and eight months. It required but a few minutes of abdominal auscultation and palpation, without other examination, to diagnose pregnancy in the sixth or seventh month.

On July 8th I was sent for to attend her in labor. Accompanied with a complete armamentarium of obstetrical, together with all the necessary instruments required in abdominal surgery, I repaired to the house of my patient. As the above inventory of "aids to nature" plainly indicate, my brain was full of all the horrible operations ever resorted to in dystocia; such as (1) forceps-delivery, (2) laparo-elytrotomy, (3) cesarean section, (4) craniotomy, (5) cephalotripsy, (6) evisceration, etc. The impression was, judging only from the child's appearance, that a full-termed fetus could never be delivered *via naturæ*; and the first vaginal examination only strengthened this impression; (1) the vagina was so small and rigid as to admit two fingers with difficulty, and (2) the pelvic diameters appeared too contracted to permit the passage of a fetus further advanced than the fourth month. But, as I have said upon several occasions when condemning the so frequent and unnecessary resort to the forceps, "Nature is the safest accoucheur," and that only occasionally will she prove incapable of accomplishing delivery in any case of normal presen-

tation, at least without other aid than the well-oiled hand of her assistant, the physician.

At any rate Alice Bradshaw—after, it is true, a rather prolonged labor of fourteen hours—was delivered by nature, with no other aid than Drs. Goodell or Turnipseed's method of supporting the perineum, which may have assisted in the last stage of labor—which in this case was the most difficult—by raising the os frontis somewhat, thereby enabling it to glide more readily over the fourchette, and thus not only hasten this stage, but prevent perineal rupture.

The child weighed seven pounds, male, active and vigorous.

At the birth of the child—July 9, 1880—the mother's age was exactly eleven years and ten months, less one day.

I have attended the accouchment of three other rather young mothers, two white and one colored; one of the former aged twelve years six months, the other thirteen years and two months; the latter, thirteen years and four months. According to the record, this is the youngest of which I have personal knowledge. There is no reason to doubt the correctness of the record, as it had been kept by the former master of this family; but really she did not appear so old. From the first both mother and child have prospered, and the latter bids fair to be as large as the average child.

I was glad to see, in the NEWS of January 22d, Dr. Ely McClellan's letter on the use of ergot in polyuria, as I can add my testimony to its powers in this disease to the extent of one case. The case was a lady, aged twenty, of good health previous to an attack of malarial poisoning, which proved very stubborn to treatment, and after several months of intermittent fever, with occasional arrest for a week or two, she became the subject of diabetes insipidus. The enormous use of quinine, with the usual dietetic regulations, failed to arrest the chills or to lessen the thirst or the secretion of urine. Being exceedingly anemic, she was placed on the following, for the reason that iodine in my hands has cured several cases of intermittents when other remedies have failed:

Tinct. iodine.....	℥ j;
Syr. iod. iron.....	℥ ii j;
Elixir of gentian.....	℥ v j.

M. Signa. One teaspoonful ter. in die.

This cured the chills and improved the general health somewhat, but produced no beneficial effect upon the polyuria. When



she was given one full teaspoonful of ergot before each meal, and iodine continued after meals, there was some improvement, in about twenty-four hours, in the quantity of urine passed, and within a month the thirst and amount of urine secreted were normal. The specific gravity of secretion was not noted.

I am almost certain ergot will cure many cases of diabetes insipidus, and that it deserves a trial in any case. Should another opportunity occur, I shall give it the first place in treatment.

I have for some time employed the fluid extract of ergot in all cases of serous diarrhea, especially in children, with better results than with all other therapeutics combined. The following is the usual formula for children:

R Flu. ext. ergot..... ʒ ij;  
Aquæ menth. pip..... ʒ vj.

M. Sig. A teaspoonful every two or three hours, or as required.

With the proper dietetic regulations and surroundings, why would not ergot prove a useful remedy in diabetes mellitus? I am inclined to think, from my experience as to its powers in arresting serous effusions in general, and its good and prompt effects in this case of simple diabetes, that it should be tested in this so far incurable disease.

I can also indorse Dr. Cleaver's statement as to the local effects of turpentine in diphtheria, with a few exceptions in which it failed to remove the patches. Turpentine combined with tinct. guaiacum is one of the best alterative gargles in simple tonsillitis and other forms of sore throat. After failure with turpentine alone, and chlorate of potassium and sulphur separately, I combined the latter two.

R Sulphur resub..... } āā ʒ j.  
Potas. chlorat..... }  
Mix in form of fine powder.

Strange to say, the combination, after several applications, removed every vestige of false membrane. I have since used this powder in three cases of diphtheria complicating scarlet fever, two mild, and one malignant, with success in removing the patches. In two cases of so-called nurse's sore mouth (stomatitis materni), after cauterizations with argent nit. and the usual course of tonics and alteratives—potas. iod. etc., and "builders," cod-liver oil, maltine, etc., without improvement—they were promptly cured by the free application of this powder. When the child will not take it, without trouble, into the mouth, it can be blown into the fauces

through a quill. The ladies were directed to take a "pinch" several times per day, and after a complete distribution of it over the mouth, to swallow it. In this way it probably acts as an alterative and antiseptic in the blood, and the sulphur proves a gentle laxative.

Since reading your abstract of Dr. Haskins's paper from the British Med. Journal on Chlorate of Potassa in the Hemorrhagic Diathesis, I have tested his formula of potas. chlorate, one ounce, tinct. ferri chlor., one dram, water, twenty ounces, in a few cases with perfect success. Having long used the same prescription somewhat stronger of iron in incipient phthisis, accompanied with anemia, and in scarlatina and diphtheria for its toning effect upon the capillaries, and its power of increasing the fibrin, and its generally supposed alterative and tonic effect upon the tissues, I was convinced in advance of its hemostatic properties in certain cases.

Mrs. G., aged fifty-three, had been regular in her menstrual functions, notwithstanding her age, up to the last three months, when they failed to appear for that time. On the 1st of January, 1881, she was attacked suddenly with profuse uterine hemorrhage. I found her extremely weak from loss of blood that did not coagulate. My usual treatment for menorrhagia or metrorrhagia—namely, an "egg of alum applied to the os with fluid ext. ergot in dram doses every three hours—produced only temporary arrest. Though suspecting malignant trouble, yet I concluded to give the potash and iron a trial before local examination. To my surprise the hemorrhage ceased, and the patient said she felt as if she was stimulated, feeling much stronger. The prescription was continued in tablespoonful doses three times per day, with perfect recovery.

Mr. G., aged thirty-eight, the victim of hemorrhoids for twenty years, a great sufferer (so-called bloody piles), had of course resorted to the legion of cures. The hemorrhage was at times very profuse, which until the last two years usually gave great relief from the extreme suffering, but since had failed to even mitigate the pulsating pain. He refused to have them taken off by the knife, but finally consented to the injection of carbolic acid and glycerin. There were four large tumors, which could be returned only with difficulty, and then only to protrude again as soon as pressure was removed. Three of these tumors were rapidly destroyed by one injection of twenty drops, equal parts of carbolic acid and glycerin,



but the fourth and most external one—more cartilaginous than the others—did not seem to be damaged in its structure after three injections performed in six days. It was then transfixed by needle armed with double ligature and ligated in halves, and after the expiration of ten minutes removed by knife without hemorrhage. The removal of the tumor, however, revealed the external opening of a fistula that, on the introduction of a probe, was found to enter the bowel about three inches above the sphincter. After two weeks of treatment addressed to "building," the fistula was operated on by the knife in the usual way.

It is well to confess that the existence of this fistula had never been suspected before the removal of the tumor. But the point in the communication is the fact that Mr. G. had all along about every six days been attacked with considerable hemorrhage from the bowels, attributed before their removal to the hemorrhoids as its source. But as it was as frequent and profuse after their removal, and a careful examination demonstrated that it did not proceed from any vessel implicated by the surgical interference, ergot in dram doses was given every four hours, alternated with turpentine and acetate of lead, with enemas of ferric alum. The hemorrhage continuing to recur in spite of this treatment, he was ordered the chlorate of potassa and iron solution, with non-occurrence of the hemorrhagic attacks, and complete restoration to health.

I should have stated that on cutting the tumor open, after its removal, I found the whole internal structure black and spongy from coagulation, and think it would have been destroyed by the injections in a short time.

PEMBROKE, KY.

## Correspondence.

### A NOVEL CASE OF PLACENTA PREVIA.

*Editors Louisville Medical News:*

I have to report a rare variety of placenta previa. There was no hemorrhage during utero-gestation until labor began. The attachment was marginal (anterior). After the usual trials and tribulations I delivered a large male child, still-born. During my efforts to resuscitate it, which were futile, the mother began to flood. In caring for her it became necessary for me to introduce my hand and remove the placenta, which I

did slowly and with great care by means of traction (*not upon the cord*) and expression. The placenta came away entire. On its extreme margin, and exactly at the point where the margin lapped over the anterior cervical lip, was attached the cord. The first effort at cervical dilatation had produced a small split in the placenta at that point, and had almost completely torn the cord away from its placental insertion. In the mouth of the severed vessels of the cord was a considerable blood-clot. Notwithstanding the extent of ante-partum hemorrhage, the flush and pulse of the mother had not been affected. The child had ceased to move soon after the first gush, ten or twelve hours before delivery, and when born its scarf skin was denuded by the slightest touch. It was the whitest child I have ever seen. The ante-partum blood-flow was evidently entirely fetal. The child with its blood would have weighed eleven pounds. It is quite rare to find the cord inserted on the extreme margin of the placenta, but for this to be complicated with partial placenta previa, the point of cervical attachment corresponding exactly with the attachment of the funis, is, as far as my knowledge goes, an absolutely novel state of affairs. I now believe that the body which occupied the os before the head engaged, might have been a knuckle of the funis. It retreated wholly when the head engaged. I omit report of the general management of the case. It was simply in accordance with the approved methods of modern obstetrics.

E. R. PALMER.

LOUISVILLE.

### A GENUINE SHOTGUN PRESCRIPTION.

*Editors Louisville Medical News:*

There has lately come under the observation of the writer an unique and original shotgun prescription, which he gives to the profession with a spirit of genuine unselfishness.

In the town of N., at the usual time prescribed by law, the township trustee called for bids preparatory to letting out the pauper practice. The regular physicians of the place, having previously had some unsatisfactory experiences in the matter, determined to abstain from bidding, and force the trustee to pay for any service rendered at the regular rates. This functionary, not to be outwitted, rented a Kentucky itinerant, who had drifted into the neighborhood, and gave the paupers over into his hands. Among other patients of this itinerant was a negress



with an incurable bowel trouble, who furnished opportunity for a trial of his skill. When called the medicine man directed that half a pound of bird-shot be immersed in a pint of cold water, and that from time to time a half ounce of the supernatant fluid be decanted and given well diluted. The patient, in spite of such skillful treatment, tarried not, but went straight on to a demise, where we shall leave her—*Requiescat in pace.*

INDIANA.

## MORE MONEY AND THE DOCTORS.

*Editors Louisville Medical News:*

Concerning doctors making more money, I venture the assertion, in the commercial view of the matter, that dealers in all sorts of domestic and personal articles have as great a proportion of uncollectible bills as the doctors have. The merchant will tell you he does not bring suit against delinquents who might be able to pay, because as a rule such proceeding hurts the trade of his house. That is the true commercial view. The doctor will say he does not sue because, according to the ethics of the profession and the pleasing delusion of antiquity, doctors charge no fee, but only receive a reward for freely-given services. Of course that is a sham, or there would be no fee-books and doctors' bills, and no suggestion in your columns that the laborer is worthy of his hire. As a matter of fact, doctors do not generally sue upon their delinquent bills because the trade in physic, like the trade in dry-goods, is sensitive to the jar of litigation, and must accommodate itself to the social environment.

To cut off the number of doctors, and thereby establish a monopoly of what political economists would call the "wage fund," would be a good thing for those upon the ground-floor. It reduces the question of wealth to a simple question of division. But there is a fancy among those who hire doctors that the crowd of youngsters at the bottom, struggling for survival, and trying to edge along toward the top, keep the old top sawyers up to their work. The commercial basis to which some of your correspondents aspire frequently resorts to the inviting formula of a large and varied assortment from which selection may be made. It is not a bad thing to have a large and varied assortment of medicine men. Out of the great mass of young doctors only the fittest survive, and the wider the range and the more numerous the contestants the more

likely will it be that the survivors are the very fittest.

Some of you estimate the profits of the profession by bunching all the doctors, throwing all the money into pot, and dividing it out per capita. Now if we take all the railroad men in the country, including Jay Gould and all the kings and princes, and make an average per capita of annual receipts, we could not find any one with the income of a conductor.

I hear of doctors who make twenty, forty, and sixty thousand dollars a year. The first-named sum is the highest range of salary for personal services in this country. I have been told that physicians in Louisville have made fifteen, twenty, and twenty-two thousand dollars a year. The highest compensation for personal services in any other business here does not go beyond ten thousand dollars. From four thousand to seven thousand five hundred dollars commands the best banking ability in the city.

The compensation of personal service can not be compared with the profits of a merchant. Mr. Stewart gave great attention to the details of his business, but he did not have to handle and inspect every spool of thread or piece of silk that figured in his business. The physician must see and examine and note every patient under his treatment. If he received a thousand dollars for each visit, his ability to earn money would speedily reach its limit, while Mr. Stewart might have bought and sold and realized profits on a practically illimitable quantity of drygoods.

I know many physicians who have comfortable and even luxurious homes, and some who have investments here and there, and all, I believe, who have diplomas have bugies. I know some worthy men who do not seem to make much out of medicine; but I know some other worthy men who do not seem to make much out of law or merchandise or any thing. I know some young doctors who do not seem to have any thing to do, and who make nothing; but every day I see more young men just as well equipped for their pursuit, just as intelligent and ambitious of getting along, seeking work, and willing to work for any thing they can get.

Your young men are taught that it is unprofessional to charge less for their services than an old, established physician charges for his services. In every branch of business, excepting physic and law, quality is a factor in price. Excepting these, in all the broad range of compensation for personal



service, experience and learning and skill go for something. Your arrangement does no harm to those who have the experience and skill, for they fix the prices; but it teaches the young doctor to sham experience and skill; and if his pretense does not take, it deadens his energy, crushes his ambition, and leaves him floating about in the sea of medicine, waiting for chance waifs of practice, and taken into account only when the per-capita average of earnings is to be reduced by throwing in all the zeros.

It seems to me doctors book all they earn. If they do not collect all they book their experience is not exceptional. They make as much money as other people who sell their personal services, and I see no reason for their making more money.

A great lawyer once told a young aspirant, who complained that the profession was crowded, that there was plenty of room at the top. The most money is there, too, in all kinds of business. It seems to me that some of your correspondents are trying to devise a scheme for putting all the doctors at the top—an obvious impossibility, for it would knock the bottom out of the profession.

J. M. W.

## OPHTHALMOLOGY.

*Editors Louisville Medical News:*

Please inform me of the most efficient method for reducing mydriasis produced by local application of the mydriatic. How long would it be before the dilatation would subside spontaneously? Answer in the NEWS, and oblige,

J. J. C., M. D.

HIGH GROVE, KY.

[The mydriasis usually disappears in from seven to ten days without artificial interference. When there is any unusual delay in the return of the pupil to its normal size, the following solution may be dropped into the eye night and morning for several days:

R Eserine sulph..... gr. ss;  
Aq. dest..... 3 ss.  
M. ft. sol.

A mild galvanic current will also be found useful.—w. c.]

*Editors Louisville Medical News:*

Note of the following case may not prove uninteresting to at least a few of the many readers of your valuable journal. On January 23d (last month) I was called by Mr. S. to see a mulatto girl, who was in labor. I

arrived at Mr. S.'s at three o'clock in the morning. At half past seven, which was four hours and a half, she gave birth to a child, which weighed six and a fourth pounds. I ascertained after the birth of the child that the mother would not be twelve years old until the 18th of this month. A mother at the age of eleven years eleven months and five days! Both mother and child are doing well. Should a similar case fall to the care of any physician who reads this I would be glad to have him report it.

CAMPBELLSBURG, KY. O. M. HUMSTON.

## Formulary.

### TREATMENT OF GOITER.

Professor Pepper, of Philadelphia, urges the use of injections of ergotin as extremely useful in the treatment of thyroid hypertrophy. He advises a solution of ninety-six grains of ergotin in an ounce of water, of which from seven to eleven minims may be injected every two or three days. This, he says, will harden the tumor and reduce its size.

Iodo-tannin and iodoform are also highly recommended, as is also the double iodide of mercury as a topical application.

In a case of goiter, where death was threatened by dyspnea, and in the treatment of which iodine, antispasmodics, and abstraction of blood had failed of producing any useful result, Dr. Shannon claims a cure from the use of fumigations. For these he employed the following formula:

Powder of stramonium..... gr. 55;  
Nitrate of potassium..... gr. 27;  
Opium..... gr. 3/4.

In goiter peculiar to women the writer has observed better results succeeding the administration of muriate of ammonia than from iodine or any other single therapeutic agent.

### FOR HYPODERMIC ADMINISTRATION OF BROMIDE OF QUININE

Dr. James J. Whittaker (Med. and Surg. Reporter) finds a solution of bromide of quinine (twenty grains to two drams water) useful in treating by this method cases of pronounced or marked malaria, when the condition of the digestive system is such as to prevent the absorption of quinine taken by the mouth. He directs his chemist to put twenty grains of the drug into a test-tube, and to add to it two drams of water; the tube is then to be corked and is ready for use. When it is desired to make the injection, the mixture must be heated, either by spirit lamp or otherwise, a clear limpid fluid resulting. A portion must be then poured into a heated teaspoon, and thence taken up by means of a previously-heated syringe. The puncture and injection must then be made immediately, and the fluid must be thrown not into, but below the skin. The ordinary syringe holds half a dram. As many as from one to fifteen grains may be introduced.



## Obituary.

DR. J. M. BRUCE.

A meeting of the physicians was held at the office of Drs. Skillman and Scott to pay tribute of respect to Dr. J. M. Bruce, deceased. Dr. H. M. Skillman was elected chairman of the meeting, and Dr. G. D. Buckner secretary.

The chairman and several other physicians spoke in a touching and fitting manner of the character and professional attainments of Dr. J. M. Bruce, deceased.

Drs. L. B. Todd, David Bell, J. W. Whitney, J. L. Stockdell, and John Dillard were appointed a committee to prepare suitable resolutions, which were presented and unanimously adopted.

The death of Dr. James Morrison Bruce, which occurred at his residence in this city on Monday afternoon, January 31, 1881, at 4.30 o'clock, renders it proper and just that we, physicians of this city and county, in public meeting assembled, should testify our sorrow at his death and appreciation of his professional worth and service.

Dr. Bruce has long been identified with Lexington. Here he was born in 1822; from Transylvania University, located here, and for whose generous benefactor he was named, he received the degree of Doctor of Medicine in 1845, after which he spent nearly two years in Europe profitably visiting hospitals and listening to lectures of the eminent men of that day. Returning home he began practice, which he continued through thirty-five years until stopped by death suddenly and almost without warning on Monday last. He was elected to and discharged for years the duties of the delicate and responsible position of demonstrator of anatomy in his Alma Mater with credit and satisfaction. He was in early life elected city physician, to which office he was repeatedly chosen, and more frequently than any other physician; and it is believed that it was in the faithful discharge of the duties of that office during the recent almost unprecedented severe winter that he contracted the cold and disease which resulted in congestion of the lungs and brain, closing suddenly his professional and earthly career.

Dr. Bruce will be long and justly remembered for his courage, skill, and successful treatment of small-pox in several epidemics, of which he was certainly *at the front*, unmindful of his own personal comfort and safety, discharging faithfully the sacred duties of his noble calling to hundreds who were suffering with that terrible and frightful disease. And it is true, and certainly it is no disparagement to others now to say, that in his long official service and private practice he labored and did more for the poor than any other practitioner in our midst has done.

And while we bow in humble submission to this sad decree, from which there is no appeal, of an all-wise Providence removing from our midst our friend whom we have known so long and well, we will cherish the recollection of his valuable professional services and his qualifications for usefulness, to which he added a genial disposition and the rare virtue

of making only kindly mention of his professional brethren; and hereby tender to his deeply afflicted family our sincere sympathy, and resolve that when this meeting adjourns it will do so to convene at this place to-morrow (Wednesday afternoon) at half past two o'clock to attend his funeral in a body. Furthermore that the secretary be requested to convey a copy of these proceedings to Dr. Bruce's family, and furnish copies thereof for publication in the medical journals of the State and the newspapers of this city.

L. BEECHER TODD, *Ch'n*,  
D. BELL,  
J. W. WHITNEY,  
J. L. STOCKDELL,  
JOHN DILLARD,

*Committee.*

LEXINGTON, KY.

## Miscellany.

THE CLERGY AND THE DOCTORS.—Oliver Wendell Holmes, in *North American Review* for February:

Perhaps no laymen have given the clergy more trouble than the doctors. The old reproach against physicians, that where there were three of them together there were two atheists, had a real significance, but not that which was intended by the sharp-tongued ecclesiastic who first uttered it. Undoubtedly there is a strong tendency in the pursuits of the medical profession to produce disbelief in that figment of tradition and diseased human imagination which has been installed in the seat of divinity by the priesthood of cruel and ignorant ages. It is impossible, or at least very difficult, for a physician who has seen the perpetual efforts of Nature—whose diary is the book he reads oftenest—to heal wounds, to expel poisons, to do the best that can be done under the given conditions—it is very difficult for him to believe in a world where wounds can not heal, where opiates can not give a respite from pain, where sleep never comes with its sweet oblivion of suffering, where the art of torture is the only science cultivated, and the capacity for being tormented is the only faculty which remains to the children of that same Father who cares for the falling sparrow. The Deity has frequently been pictured as Moloch, and the physician has no doubt often repudiated him as a monstrosity.

Upon the other hand, the physician has often been renowned for piety as well as for his peculiarly professional virtue of charity—led upward by what he sees to the source of all the daily marvels wrought before his own eyes. So it was that Galen



gave utterance to that psalm of praise which the sweet singer of Israel need not have been ashamed of; and if this "heathen" could be lifted into such a strain of devotion, we need not be surprised to find so many devout Christian worshipers among the crowd of medical "atheists."

No two professions should come into such intimate and cordial relations as those to which belong the healers of the body and the healers of the mind. There can be no more fatal mistake than that which brings them into hostile attitudes with reference to each other, both having in view the welfare of their fellow-creatures. But there is a territory always liable to be differed about between them. There are patients who never tell their physician the grief that lies at the bottom of their ailments. He goes through his accustomed routine with them, and thinks he has all the elements needed for his diagnosis. But he has seen no deeper into the breast than the tongue, and got no nearer the heart than the wrist. A wise and experienced clergyman coming to the patient's bedside—not with the professional look on his face which suggests the undertaker and the sexton, but with a serene countenance and a sympathetic voice, with tact, with patience, waiting for the right moment—will surprise the shy spirit into a confession of the doubt, the sorrow, the shame, the remorse, the terror which underlies all the bodily symptoms, and the unburdening of which into a loving and pitying soul is a more potent anodyne than all the drowsy syrups of the East. And, on the other hand, there are many nervous and over-sensitive natures which have been wrought up by self-torturing spiritual exercises until their best confessor would be a sagacious and wholesome-minded physician.

Suppose a person to have become so excited by religious stimulants that he is subject to what are known to the records of insanity as hallucinations; that he hears voices whispering blasphemy in his ears, and sees devils coming to meet him, and thinks he is going to be torn to pieces or trodden into the mire. Suppose that his mental conflicts, after plunging him into the depths of despondency, at last reduce him to a state of *despair*; so that he now contemplates taking his own life, and debates with himself whether it shall be by knife, halter, or poison, and after much questioning is apparently making up his mind to commit suicide. Is not this a manifest case of insanity in the form known as *melancholia*? Would not any

prudent physician keep such a person under the eye of constant watchers, as in a dangerous state of at least partial mental alienation? Yet this is an exact transcript of the mental condition of "Christian" in "Pilgrim's Progress," and its counterpart has been found in thousands of wretched lives terminated by the act of self-destruction, which was so nearly taking place in the hero of the allegory. Now the wonderful book from which this example is taken is, next to the Bible and the Treatise of Thomas à Kempis, the best-known religious work of Christendom. If Bunyan and his contemporary, Sydenham, had met in consultation over the case of "Christian" at the time when he was meditating self-murder, it is very possible that there might have been a difference of judgment. The physician would have one advantage in such a consultation. He would pretty certainly have received a Christian education, while the clergyman would probably know next to nothing of the laws or manifestations of mental or bodily disease. It does not seem as if any theological student was really prepared for his practical duties until he had learned something of the effects of bodily derangements, and, above all, had become familiar with the gamut of mental discord in the wards of an insane asylum.

It is a very thoughtless thing to say that the physician stands to the divine in the same light as the divine stands to the physician, so far as each may attempt to handle subjects belonging especially to the other's profession. Many physicians know a great deal more about religious matters than they do about medicine. They have read the Bible ten times as much as they ever read any medical author. They have heard scores of sermons for one medical lecture to which they have listened. They often hear much better preaching than the average minister, for he hears himself chiefly, and they hear abler men and a variety of them. They have now and then been distinguished in theology as well as in their own profession. The name of Servetus might call up unpleasant recollections, but that of another medical practitioner may be safely mentioned. "It was not till the middle of the last century that the question as to the authorship of the Pentateuch was handled with any thing like a discerning criticism. The first attempt was made by a layman, whose studies we might have supposed would scarcely have led him to such an investigation." This layman was "Astruc, doctor and professor of medicine



in the Royal College of Paris, and court physician to Louis XIV." The quotation is from the article "Pentateuch" in Smith's "Dictionary of the Bible," which of course lies upon the table of the least instructed clergyman. The sacred profession has, it is true, returned the favor by giving the practitioner of medicine Bishop Berkeley's "Treatise on Tar-water," and the invaluable prescription of that "aged clergyman whose sands of life"—but let us be fair, if not generous, and remember that Cotton Mather shares with Zabdiel Boylston the credit of introducing the practice of inoculation into America. The professions should be cordial allies, but the church-going, Bible-reading physician ought to know a great deal more of the subjects included under the general name of theology than the clergyman can be expected to know of medicine. To say, as was said not long since, that a young divinity student is as competent to deal with the latter as an old physician is to meddle with the former, suggests the idea that wisdom is not an heirloom in the family of the one who says it. What a set of idiots our clerical teachers must have been and be, if, after quarter or half a century of their instruction, a person of fair intelligence is utterly incompetent to form any opinion about the subjects which they have been teaching, or trying to teach, so long!

**RIGOR MORTIS.**—M. Richet, in a lecture delivered as one of a course auxiliary to that of the Faculty of Medicine of Paris (London Lancet), has just given a very full and complete *résumé* of the present state of our knowledge of Rigor Mortis, which has engaged the attention of observers from the time of Louis, who in 1752, wrote an essay upon it, in which he pointed out that it was one of the principal signs of death. Nysten, in the early part of the present century, demonstrated that cadaveric rigidity is due to the condition of the muscles, since, if the ligaments of the joints, the fasciæ, and the aponeuroses, are all divided, rigor mortis persists, while it is removed or prevented by division of the muscles or by the separation of them from their attachments. Brown-Séquard and Kühne next examined the phenomena in question minutely, the former showing that it could be removed by the injection of blood into the vessels, and the latter demonstrating that it was essentially a chemical action. It may be stated generally that rigor mortis is never absent; the few cases in which reliable authorities have be-

lieved that it has not occurred, having probably been instances where it has occurred extraordinarily early or late. It occurs in all animals, both vertebrated and invertebrated. In fishes it takes place almost instantly after death, while in frogs, if due precautions be taken, it does not occur until after the lapse of eight or ten days. It has no relation, therefore, to the temperature of the blood of the animal. The first muscles to undergo rigor mortis appear to be those raising the lower jaw, as the masseter, temporal, and pterygoid, which are very irritable muscles. M. Niderkorn finds that in one hundred and thirteen subjects rigor mortis was complete at the fourth hour in thirty-one, at the sixth hour in twenty, at the fifth in fourteen, at the third in fourteen, at the seventh in eleven, at the eighth in seven, at the tenth in seven, at the ninth in four, at the thirteenth in two, at the second in two, and at the eleventh in one. It commences about two hours after death, and in the human subject is usually complete about the fourth hour. It may supervene while the animal is still warm, as is seen in those which have been hunted to death. On the other hand, its appearance is retarded by cold, while its duration is almost indefinitely retarded by it. A muscle which has become rigid after death becomes still more rigid if exposed to a temperature of 120° F. This increase, according to Kühne, is due to the coagulation of the serine and caseine contained in the muscular juice. Mere congelation of a muscle does not cause it to lose its irritability, but it very rapidly becomes rigid when thawed.

The remarkable positions sometimes assumed by men killed on the field of battle have been described by many observers, and demonstrate that rigidity may supervene at the moment of death. Brown-Séquard has indeed recorded a case of adynamic typhoid fever, in which the jaws and limbs became fixed, while the heart still continued to beat; and quite lately the same thing has been recorded by M. Bochefontaine in dogs poisoned with salicylate of soda, and M. Richet has observed it in animals poisoned with medium doses of strychnia. In these cases all the muscles were rigid and unexcitable, with the exception of the heart; and artificial respiration could only be maintained with difficulty owing to the rigidity of the chest. Division of the nerves supplying a muscle appears to have little or no effect in accelerating the occurrence of rigor mortis, and, according to Hermann, neither expo-



sure to oxygen nor to the vacuum of an air-pump exerts any influence.

In becoming rigid, muscles slightly diminish in volume; they shorten less, at least with moderately heavy weights, than muscles in contraction; they entirely lose their irritability, and their elasticity is greatly impaired. Heat is eliminated while rigor is being established.

In regard to the cause of rigor mortis, which is an extremely interesting point, M. Richet is of opinion that, as Kühne originally maintained, it is a chemical process; but this process is a phenomenon not of life but of death. The myosine of the muscle coagulates. The acids, which are constantly being formed and as continuously removed during life, accumulate after death in the muscle, and gradually effect the solution of the myosine, and then the azotized matters undergo decomposition and develop ammonia, which, in its turn, dissolves the myosine, and thus occasions the disappearance of the rigor. Speaking generally, rigor mortis is a chemical phenomenon, characterized by the coagulation of the myosine, and may be considered as the commencement of the death of the elements of the muscle.

CREMATION IN JAPAN.—Miss Bird, in her dauntless and observant wanderings over Unbeaten Tracks in Japan, visited a cremation-ground at Kirigaya; and has given an interesting account of what she saw there in the delightful volumes which contain the record of her experiences. It appears that among Buddhists, especially of the Monto sect, cremation was largely practiced till it was forbidden five years ago, as some suppose, in deference to European prejudices (*Brit. Medical Journal*). Three years ago, however, the prohibition was withdrawn; and since then the number of bodies which have been burned has reached about nine thousand annually. The building or erection in which the process is carried out is made of "wattle and dab," with a high roof and chimneys resembling those of "oast-houses" in Kent, and suggests a farm rather than a funeral pyre. The end of this building, nearest the road, is a little temple, much crowded with images, and small red earthenware urns and tongs, for sale to the relatives of deceased persons; and beyond this are four rooms, with earthen floors and mud walls; nothing is noticeable about them, except the height of the peaked roof and the dark color of the plaster. In the middle of the largest are several pairs of granite supports, at equal

distances from each other; and in the smallest there is a solitary pair. This was literally all that was to be seen. In the large room, several bodies are burned at one time; and the charge is only one *yen*, about 3s. 8d.; solitary cremation costing five *yen*. Faggots are used, and a shilling's worth ordinarily suffices to reduce a human form to ashes. After the funeral service in the house, the body is brought to the cremation-ground and left in charge of the attendant, a melancholy, smoked-looking man, as well he may be. The richer people sometimes pay priests to be present during the burning, but this is unusual. There were five "quick tubs" of pine, hooped with bamboo, and containing the remains of coolies, waiting in the larger room at the time of Miss Bird's visit; and a few oblong chests in the small rooms, containing those of middle-class people. At 8 P.M., each coffin is placed on the stone trestles, the faggots are lighted underneath, the fires are replenished during the night; and, by 6 A.M., all that which was a human being is a small heap of ashes, which is placed in an urn by the relatives, and honorably interred. In some cases, the priests accompany the relatives on this last mournful errand. Thirteen bodies were burned the night before Miss Bird's visit, but there was not the slightest odor in or about the building; and the interpreter told her that, owing to the height of the chimneys, the people of the neighborhood never experienced the least annoyance, even while the incineration was going on. The simplicity of the arrangement, Miss Bird remarks, is very remarkable; and there can be no reasonable doubt that it serves the purpose of the innocuous and complete destruction of the corpse, as well as any complicated apparatus; while its cheapness places it within the reach of the class which is most heavily burdened by ordinary funeral expenses. The cremation-ground is in a country made beautiful by red camellias, feathery bamboo, and cryptomeria; and Miss Bird saw nothing about it that was ghastly or distasteful.

THE Parish priest of Sendomi, in the diocese of Lerida, Spain, has declared that the last absolution, extreme unction, and Christian burial will be refused to any parishioner who allows himself, or whose kindred allow him, to be treated by any but duly qualified medical practitioners. All who are treated homeopathically will be deprived of the rites of the Roman Catholic Church, and treated as Moors or Jews.—*London Lancet*.



## Selections.

**The Causation of Dysentery.**—Surgeon-general Sir Joseph Fayrer says, in his Lettsomian Lecture (Med. Times and Gazette):

Impure air from any cause, but especially from putrefying organic matters, vapors from drains, cess-pools, bilges of vessels, latrines, and reservoirs of stagnant water, putrescent with animal or vegetable matter, or it may be infected microphyte germs, the emanations from ground that has been recently disturbed, and from which vegetation has been recently removed, from swampy and malarious and mephitic pools, whence fever, cholera, typhoid, and other evils are said to be derived, may become the predisposing if not the exciting causes of dysentery. . . . But of all effluvia none are said to be more noxious than those given off from the dejecta of persons suffering from the disease, especially when crowded in hospitals. Whether this is due to direct infection, intensified by concentration, or to general depressing effects, causing a condition of blood-poisoning, as other putrid organic evacuations are said to act, I know not. There is reason to believe that in such cases the disease is apt to spread, and that epidemics are thus diffused. If it be true that it is infective when arising from sporadic cases, it would appear that dysentery is capable of being originated *de novo*. That such effluvia are capable of contaminating the atmosphere I have myself had proof. In hospitals where sloughing and gangrenous cases of dysentery were treated under the same roof, if not actually in the same ward, wounds and surgical operations assumed an unfavorable action, or septicemia in some form, or dysentery itself supervened.

Fergusson, who had large experience, says, "True dysentery is the offspring of heat and moisture, of moist cold in any shape after excessive heat, but nothing that a man could put into him would ever give him true dysentery." That an ordinary case of sporadic dysentery is free from danger to those who come in contact with it I believe, but the case may be different where the patients are numerous in a ward, especially if strict precautions as to removal of discharges are not observed. When certain local and climatic conditions exist, and a certain epidemic constitution prevails, the disease may from such a focus become epidemic and highly infective, though *how* I am not prepared to say. It has also been attributed to infection by fecal contamination, just as many regard cholera and typhoid fever to be the direct result of a poison generated in the alvine secretions, or developed in the form of microphyte in the dejecta of human beings, and so conveyed to others, and thus spreading as an epidemic. Indeed one anonymous writer, whose views are as remarkable for their force as for their originality, attributes it solely to this cause, and says, "If human excrement be not exposed to the air there can be no dysentery." The fact is, we do not know how it originates, though we do know that under certain conditions it will appear that it is amenable to sanitary laws, and to a great extent preventable or mitigable. Great stress is laid by some on malaria as a cause, and the malarious dysentery is even regarded by them as a specific form of the disease, whether received from air or water saturated with the malarial poison; but I do not know that there is any other difference than one of degree, or

such as might naturally result in an individual depressed by malarial cachexia.

Mechanical irritation is also a recognized predisposing cause; irregular action of the bowels, constipation, and the accumulation of scybala in the cells of the large intestine, which may have been in a state of catarrhal disturbance; or where any temporary obstruction may have taken place, vitiated bile, or any other acrid alvine secretion may be present. The form of dysentery called "hepatic" by Annesley was connected by him with disordered liver, and bile and intestinal secretion depending thereon setting up inflammation and dysenteric mischief in the colon.

In fact the line between a catarrhal disturbance of the bowel and a case of dysentery is not definitely drawn. I am not aware that individual peculiarities are of any special importance. The disease may attack any one, and at any age. Malariously cachectic and delicate persons, and those who are suffering from other diseases, wounds, or accidents, are liable to suffer. Men, from great exposure and the duties peculiar to the occupation of their sex, are more liable than women, who have been thought by some to enjoy a certain immunity, owing to the relief of tendency to congestion in the pelvic viscera conferred by the regular recurrence of the catamenia. Congestion of the abdominal viscera and of the portal system, especially in debilitated conditions after disease or injury, are also among the conditions favorable to the development of the disease. We are, in short, not yet in position to say with certainty what is the specific or direct exciting cause of dysentery, whether it be a malarial poison, a microphyte, a gaseous emanation, a miasm, or some influence acting dynamically through the nerve-centers.

**Treatment of Diseases of the Heart in Children.**—W. H. Day, M.D., M.R.C.P., Lond., in Med. Press and Circular:

The objects to be aimed at are to reduce the inflammation and to favor absorption of the effused fluid. Leeches may be applied to the cardiac region in strong subjects, and there can be no question of their service where the pain is very acute and the pulse is frequent and hard, but venesection is never necessary in children, however robust they may be, because reduction of the strength has to be feared, especially as the complaint frequently follows rheumatism when the constitution, already low, will not bear further depression, and the blood, in many instances, is poor and aqueous. A strong mustard poultice is about the best application; its action is quick, it can be obtained at a moment's notice, and when the child complains of the smarting it may occasion it can be removed at once. In two cases of acute pericarditis accompanying rheumatic fever in children aged respectively eleven and thirteen years, I found these poultices act most beneficially, quickly relieving the precordial distress and uneasiness, and I believe controlling the effusion. The chest should be covered with cotton wool immediately the poultice is removed.

The next remedy of service is counter-irritation. I should not hesitate to employ a blister while the skin is reddened from the rubefacient effects of the mustard, indeed I think this is the time to apply it. The surface should be painted over with strong blistering fluid, and the chest protected afterward with cotton wool. I have never known it do any harm,



but the late Dr. Sibson was opposed to blistering, on the ground that it inflicted local injury, tainted the blood by increasing its fibrin, and prolonged the inflammation. He strongly advocated "the application of chloroform over the seat of suffering, combined with belladonna liniment, sprinkled on cotton wool, and covered with oiled silk." After the action of the blister an ointment composed of equal parts of savin and mercurial ointment should be spread upon lint and applied to the precordial region. Another excellent application, after the blister has risen, is a combination of mercurial ointment and powdered opium (℞ i ad ℥ i) recommended many years ago by Dr. Beale.

Hot fomentations are unsatisfactory, because they necessitate exposure of the patient's chest during their employment, and it is doubtful whether they can be borne hot enough to be of any benefit. Then there is the danger of getting a cold or chill, which ought to be guarded against; and so likely is this to happen that if the case goes on satisfactorily it is a great mistake to institute frequent stethoscopic examinations of the chest.

Mercury may be given as an aperient, but not with the view of fulfilling any special indications, and in rheumatic cases it requires great caution. If inflammatory fever runs high, and there is thirst, elevation of temperature, and scanty, turbid urine, then a general antiphlogistic treatment may be carried out, and aperients, diuretics, nitrate, and bicarbonate of potash will be required. Even aconite is sometimes useful if the skin lacks moisture, and quinine may be given advantageously in small doses, if the temperature is disposed to run high and there are indications of exhaustion.

If there is much pain, a continuance of which further reduces the strength of the patient, opium should be employed. It diminishes the cardiac contractions and controls the hurried circulation; but if the heart gets feeble, the respiration hurried, and the countenance at all livid, then stimulants in the form of wine or brandy, ammonia and ether, will be required.

**The Local Origin of Cancer.**—Jonathan Hutchinson, F.R.C.S., in *Med. Times and Gazette*:

I have tabulated upward of one hundred and ten cases of cancer of the lip occurring in hospitals, and find among them one hundred and six men and four women, while of the four latter two had adopted the habit of smoking, and in one other the diagnosis of the disease was doubtful. In cancer of the penis, occurring as it usually does in the subjects of congenital phimosis, who have been negligent as to cleanliness; in cancer of the tongue or cheek, induced by the long-continued irritation of a broken tooth; in cancer occurring in the old cicatrices of burns which have been irritated; in melanosis supervening upon congenital moles which have been scratched; and in the not infrequent transformation of an old syphilitic ulcer upon the tongue or os uteri into one of a malignant nature. We have instances of cancer induced locally by different forms of local irritation. In the case of a gentleman the greater part of whose tongue I removed for epithelial cancer about three years ago, and who died two years later of return of the disease in the glands of the neck, there was the history of a syphilitic sore of several years' previous duration. The diagnosis as to its original character had been made by two medical men

of great sagacity, and it was borne out by a history of syphilis, and by the fact that on other parts of the organ syphilitic white-margined patches were still present. In a case of carcinoma of the cervix uteri which I saw some years since, Dr. Oldham (with whom I saw it, and who had previously attended the lady) assured me that the sore had originally been an ulcer of syphilitic origin; that he had several times seen malignant disease supervene in cases of similar character. In 1848 I well recollect being much interested in a case under Mr. Paget's care in St. Bartholemew's, in which a man with stricture of the urethra had numerous urinary fistulæ in his scrotum and perineum, and in whom cancer of undoubted type developed itself about the orifice of one of the anterior fistulæ. Let no one reply that most of these instances exemplify only the connection between *epithelioma* and local irritation, and there is an essential difference between that disease and true cancer. Epithelial cancer is as true a cancer as is the scirrhus form, differing mainly in that it occurs in parts which usually are easily accessible to the surgeon. Epithelial cancer is, as a general rule, quite as rapid in its progress to a fatal event as is scirrhus. Few cancers end, as a rule, more quickly than those of the tongue. Those of the female genitals are also often very rapid. Those of the lip and skin generally, if we date, not from the first appearance of a warty induration, but from the time when that wart began to ulcerate and took on a *bona fide* cancerous character, spread, when not interfered with, very rapidly—more rapidly, for example, than scirrhus of the breast.

A strong argument in favor of the local origin of cancer is that when it commences in a part which can be watched, it may be seen that the first effects of irritation are not the production of a cancer, but simply of an irritable sore or warty induration. On the lip and upon the scrotum all gradations may be observed between indurated and inflamed tubercles containing no positive elements of cancer, and the genuine epithelioma. Many so-called "cancers of the lip" are even at the time of their removal doubtfully cancerous, being just in the transition stage between common inflammation and malignancy. Often a wart on the scrotum of a sweep, or a crack on the lip of a smoker, will remain as such for years before it assumes the features of true cancer.

**An Easy, Rapid, and Inoffensive Method of Arresting the Irritating Cough of Certain Consumptives.**—It consists, according to Dr. Landouzy, in the hypodermic injection of distilled water (a syringeful) into the immediate neighborhood of the point of origin of the cough. If the cough be due to irritation in the thorax the injection is to be made into the intercostal regions; if in the larynx, the injection is to be thrown under the skin at the side of the throat. The relief is rapid, although not very lasting. At the same time the severe morning and evening coughs of these unfortunates can thus be materially improved. Dr. Landouzy says that it is best not to use it too frequently, in order not to accustom the patient to it. He also adds cherry-laurel water to the aqua destillata in order to impress the patient, if he should taste it, that he is taking *something*. He also prescribes monoxide of hydrogen instead of aqua destillata for the same reason.—*Translated from Le Progrès Médical* by L. S. Oppenheimer, of Seymour, Indiana.



# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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R. O. COWLING, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M. D., . . . Managing Editor.

## IS RIGHT-HANDEDNESS ACQUIRED?

If any of our readers did not come across the essay of Mr. Charles Reade, the novelist, on "The Coming Man," which was issued some two or three years ago in Harper's Half-hour Series, they will do well to look it up. Mr. Reade is of the opinion that the matter of right-handedness and left-handedness is purely a matter of education, and should be summarily stopped, as under its influence the race is only half developed. He gives a great deal of curious history—in his more curious way—in support of his position, and takes especial delight in knocking the wind out of any physiological or pathological conditions that may have been made to explain the superiority of the right limbs. The more direct blood-supply of the brain on the left side, and its action through decussating fibers upon the opposite side of the body, he treats with notable scorn, averring that the numberless instances of "same-sided" paralysis after cerebral injuries destroy entirely the tenability of the theory.

It is quite possible, we think, that the true physiological reason for right- or left-handedness has not yet been made out, but we are by no means convinced that there is not an essential cause quite independent of any matter of education. Mr. Reade is of the opinion that under the prejudice of ages the child is whipped into the use of his right hand to the exclusion of his left, but we take it that no amount of punishment has

changed nature in this respect. The history of every left-handed person is that he is so in spite of every correction he had in his childhood. The familiar examples of men who after the loss of the right hand have developed dexterity of the left, and the ambidexterity of acrobats, pugilists, etc., show the great power of education over inherited proclivities, but do not stand against this inheritance.

Ambidexterity is a good thing to acquire, and we quite agree with Mr. Reade that physical education should have it in view. It is especially a good thing for surgeons to have, but they very seldom acquire it to any extent. We have seen some who said they were ambidextrous, but they appeared simply to be equally awkward with either hand. It would be very convenient in many operations to be able to use either hand; but there are very few strokes that can not be made with either hand, by shifting the position of the surgeon, and no one, whatever his pride may be upon the subject, will in times of danger—the spouting of a great vessel, for instance—trust to his inferior member.

Neither Mr. Reade nor any other writer upon the subject has, we think, recognized how fearfully and one-sidedly we are made. They have considered that this development was confined to the muscular apparatus of either side; that we are right-handed, right-legged, right-jawed perhaps, or the reverse; but the fact is, the same development appears in the senses. We are quite sure that it appears in one of these at least—that is, the sight. Concerning the hearing, taste, and smell, we have collected no data; but



as to the sight the following are facts. We judge of distance and form by the aid of both eyes, through the angle of vision thus formed—as any one can verify as to distance by the familiar experiment of trying to put the hook at the end of a pole through a ring with one eye closed—and as to form by the use of the stereoscope; *but we judge of direction entirely by one eye, and that eye the right or the left, according as the individual is right- or left-handed.*

The sportsman brings his gun to the shoulder, right or left, according as he is right- or left-handed; and the corresponding eye is next to the barrel, along which it sights. It may be considered that first perhaps as a matter of convenience, and afterward of education, that the particular eye was used in either instance. But it is not, and direction was judged of by that particular eye long before a gun was taken in hand. It is the habit of many in taking aim to close the unused eye. It does not make a particle of difference, however, if it remains open, as it does nothing whatever in the matter of judging direction either to confuse or to assist. Many noted shots—Dr. Carver, for instance—shoot with both eyes open. Now make these simple experiments, and see what we mean. As you sit in your chair point to any object across the room, with both eyes open, with no attempt at “sighting.” Close the left eye, and you will find you are still accurately on the object; but close the *right* eye, and you will discover, with your present vision, you are pointing clear over to the right. This will be the case if you are right-handed; if you are left-handed, the reverse will be the case. But you will say, of course, “Because I have pointed with my right hand if I am right-handed, or my left if the reverse.” If you think so, try it the other way. You being right-handed, point with the left, and *vice versa*, and you will discover that it makes not a particle of difference.

This is a matter which we have tested by a number of experiments on right- and left-handed persons. Only in one instance did

it fail, and that was a curious one—where a right-handed person judged of direction by his left eye; but the sight of his right eye was notably defective.

If this fact of people being right- or left-eyed is an old one, it has not reached the specialists of this locality, to whom the matter was referred.

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A CORNER IN OPIUM.—Opium, which had been selling for two dollars and a half a pound, a few days ago took a jump up to seven dollars, then fell to six dollars, where it now stands. A syndicate in Philadelphia, which holds six hundred cases of two hundred pounds each, valued at a million and a half dollars, is responsible for this.

The weekly consumption of opium in the United States is from thirty to fifty cases. A very small quantity is held by legitimate dealers, and as the new crop will not be in the market for six months, it looks as if the syndicate were likely to get something handsome out of its corner. The restraint which this will put upon habitual opium-eaters may do good, but it is hard to think that many whose sufferings make the drug a necessity will have to pay two or three prices for it, and this when their means are already at a low ebb from long-continued illness and consequent inability to earn money.

They who would corner a necessary medicine are no better than they who would corner bread—and perhaps no worse.

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Nos. 246 (Vol. X, No. 11), dated September 11, 1880, and 250 (Vol. X, No. 15), dated October 9, 1880, of the NEWS are wanted to complete our files. We need about twenty-five copies of each, and subscribers having these to spare will confer a great favor on us by mailing them to MEDICAL NEWS, care of John P. Morton & Co., Nos. 156 and 158 West Main Street, Louisville, Ky.

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THE chemical names of the two new anesthetics are, respectively, monochloræthylidenchlorid and monochloræthyleuchlorid.



## Original.

### ATOMIZATION IN PULMONARY HEMORRHAGE.

BY WILLARD H. MORSE, M.D.

The question has recently been raised as to whether there is any real utility in the treatment of pulmonary hemorrhage by atomization. Although my experience has been quite limited, I desire to say a few words on this subject. The question admits of two antipodal answers. If the atomization be rightly conducted it is of excellent efficacy; if it be poorly conducted it is worse than useless. There are physicians fresh in their anatomy and positive in their prejudices who are not slow to assert that the treatment is without the least advantage, they arguing that foreign substances can not pass the chink of the glottis without causing deleterious effects. Nevertheless, over and above a possibility of controversy the fact is undeniable that although medicated spray is of the nature of a foreign substance, it can and does pass the glottis, and instead of having any injurious effect, is beyond the shadow of a doubt of sterling utility in bringing about the end sought. Despite the contrary assertions physiological experiments have conclusively established the fact that minute quantities of the spray can enter the trachea. But I can not believe that the efficiency of atomization depends entirely on the amount of spray that enters the glottis, but is due in no small part to the evidence of sympathy.

There are three medical agents that claim our attention as applicable in pulmonary hemorrhage—perchloride and subsulphate of iron, tannin, and alum. There may be other substances equally capable of atomization, and equally as applicable in controlling the hemorrhage, but they are untried, or if tried have been found wanting in the balance. The iron, tannin, and alum are alone proved to the truth. The most efficient of the three is the one first named. Tannin takes a second place, and scarcely less reliable is the alum solution. Much of the relative efficacy of the three depends upon the strength in which they are used. Of the ferric perchloride I consider a half- to two-grain solution amply sufficient to meet the wants of any case. The tannin may be given from two to twenty-five grains, and the alum from ten to twenty. Although these are not the dispensatory doses, I think them better; but of course the dosage is to be governed by

the case. Another essential, and one which I think has been overlooked and unestimated, has reference to the water of the solution. It will be found that if the menstruum be at a heat of 70° to 80° F. it will be less apt to irritate the lungs, and have more perfect "sympathetic" action. It is all too frequently the case in the emergency of the disease to use any water that comes to the hand, provided it is not at boiling heat. Under such circumstances failure is not rare, whereas a uniform heat of 70° or 80° F., having no condition of irritation in temperature, is more conducive to utility.

Another requisite to success in treatment relates to the amount of a given solution required to have a styptic effect. Considering that only a very minute quantity of the solution enters upon the affected bronchopulmonary tract, it seems idle to inquire in this regard. Yet admitting that the primary effect of the action of the spray is extraneous by choice, it is well to fix some relative administration. The ferric solution should not be given without some definite intermission—five or ten minutes being necessary after a spraying of a half dram of the solution—that in that time the effect of the medicine may be noted. The tannin solution rarely requires to be used more than a minute at a time, six or eight such sprayings being amply sufficient in favorable cases.

Another requisite to success consists in the instrument used. I never employ the steam atomizer, as it is rarely if ever ready for use in such an emergency as pulmonary hemorrhage offers. Of the hand-ball atomizers I prefer the Delano instrument, and especially the "No. 558," which is made with an extra long tube, and which is *par excellence* the best atomizer for atomization in diphtheria, catarrh, bronchitis, or any "throat disease" requiring nebulization, as well as in the pulmonary hemorrhage.

Mode of application of the spray is another essential. It is advisable to introduce the tube as far as the middle of the tongue and give it the proper downward direction, so that the force of the volume of spray at a distance of an inch from the nozzle of the delivery-tube shall strike in front and across the epiglottis.

Another correlative rule of application is promptness of action. Delay is more than dangerous. Early attention determines all. There may be cases where any amount of atomization would be useless, but still local measures *may* do good, and it is always best to employ the atomization. Make no prej-



judicial choice of the agent to use, giving iron or tannin or alum, as it may be at hand, always remembering, however, that ferric solutions are of most merit.

If the precautions of which I have spoken be observed, atomization will be attended with success; but we should always bear in mind that it is like faith, utterly "dead" without the "works" of general therapeutical measures. A favorite formula of mine is—

Fluid. ext. ergot (Squibb's).....	℥ iij;
Tinct. opii deodor.....	} āā ℥ss.
Fluid ext. ipecac.....	

M. Sig. Teaspoonful every half hour in connection with the use of atomization.

HINSDALE, N. H.

## Correspondence.

### "HOW SHALL THE DOCTOR MAKE MORE MONEY?"

*Editors Louisville Medical News:*

Next to the natural anxiety attendant on the conscientious discharge of professional duty, the question of "money" is perhaps the most urgent. It has been very fully ventilated in the columns of the News, but I think the true solution of the difficulty has not yet been arrived at. That there are too many doctors is probable; but nearly all, however, have made or are making enough to eventually make any of us rich in time; but we don't collect promptly enough, and worse, don't save what we do make. How many young doctors are there—or older ones, for that matter—who drink at least *three* drinks of liquor and smoke three cigars a day! Now three drinks of Illinois sod-corn a day make thirty cents; three cigars a day are fifteen cents; all forty-five cents a day. This in three hundred and sixty-five days equals one hundred and sixty-four dollars and twenty-five cents. Here is enough money gone to the dogs—or worse, to the saloon-keepers—to furnish any decent man's wardrobe. Now save this each year for ten years, and see how much we have worse than thrown away—sufficient to buy a farm. But the saloon-man has it, and the doctor has it not, and the doctor whines about it.

Set up the standard of total abstinence from liquor and tobacco, and we soon shall have a better kept, better read profession—one that will not need to be eternally in debt, but independent. The sick-room will not then so often be cursed with the un-

steady hand, the bleared eye and the rotten breath which are now so often perceived in the doctor, who perhaps when called to his patient was industriously engaged in wearing a hole in the elbow of his coat on some beer-counter. This is the opinion of one who has been both

AN UP AND DOWN MAN.

O'FALLON, ILL.

## Reviews.

**A Practical Treatise on the Medical and Surgical Uses of Electricity, INCLUDING LOCALIZED AND GENERAL FARADIZATION, LOCALIZED AND CENTRAL GALVANIZATION, ELECTROLYSIS, AND GALVANO-CAUTERY.** By GEO. M. BEARD, A. M., M. D., Fellow of the New York Academy of Medicine, etc., and A. D. ROCKWELL, A. M., M. D., Fellow of the New York Academy of Medicine, etc. Third edition, revised by A. D. ROCKWELL, M. D. With nearly two hundred illustrations. Octavo, pp. 771. New York: Wm. Wood & Co., 27 Great Jones Street. 1881.

The new edition of Rockwell & Beard contains new chapters on the treatment of Exophthalmic Goiter and on the Sequelæ of Acute Diseases. The chapter on Diseases of Women has been revised, and the clinical additions will be found interesting and suggestive. Extra-uterine Pregnancy is fully considered.

Every one interested in the subject of electro-therapeutics will of course make himself acquainted with Beard & Rockwell's Manual, certainly the most satisfactory work to the general practitioner with which we are acquainted, and its large sale indicates how widespread is the interest that is taken in the subject.

Electricity in medicine has been a great disappointment to many. It promised so much—it was so wonderfully like life itself—it had achieved such miracles in the arts, that when we came to measure its results in medicine they seemed poor indeed. But when electricity was ceased to be regarded as the mysterious force and miracle-worker, and was relegated to the domain of rational therapeutics as a tonic or as a sedative, its achievements have been eminently satisfactory. In neurasthenia, hysteria, neuralgia, epilepsy, dysmenorrhea, etc., and in erectile and cystic tumors, its success is especially noteworthy.

Nor should any one be adverse to the exercise of any moral effect which electricity may have over the imagination, still an immense field for its practice. Every thing is legitimate which tends to cure.



**Hand-book of Urinary Analysis, Chemical and Microscopical.** For the use of Physicians, Medical Students, and Clinical Assistants. By FRANK D. DEEMS, M.D., Laboratory Instructor in Medical Department of University of New York, Member of the New York County Medical Society, Member of the New York Microscopical Society, etc. 12mo. Limp cloth, twenty-five cents. New York: Industrial Publication Company.

This manual presents a plan for the systematic examination of liquid urine, urinary deposits, and calculi. It is compiled with the intention of supplying a concise guide, which from its small compass and tabulated arrangement renders it admirably adapted for use, both as a bedside reference-book and a work-table companion. The author is well known as one who has had for several years a very extended experience as a teacher of this important branch of physical diagnosis, and he has compiled a manual which will serve to lessen the difficulties in the way of the beginner, and save valuable time to the busy practitioner. The arrangement of the matter, and the small though clear type in which it is printed, has enabled the author to compress a great deal into a very small compass; so that, while serving all the purposes of an analytical table, it is really a good deal more, although it is not of course to be supposed that this brochure can take the place of larger books.

**A Treatise on the Principles and Practice of Medicine.** Designed for the use of Students and Practitioners of Medicine. By AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in Bellevue Hospital Medical College; Fellow of New York Academy of Medicine; Honorary Member of the Medical Societies of the States of Virginia, Rhode Island, Kentucky, and Massachusetts; Associate Fellow of the College of Physicians of Philadelphia; Honorary Fellow of the Medical Society and of the Clinical Society of London; Corresponding Member of the Academy of Medical Science at Palermo. Fifth edition, revised and largely rewritten. Octavo, pp. 1150. Philadelphia: Henry C. Lea's Son & Co. 1881.

The fifth edition of Flint's Practice represents so many additions, alterations, and eliminations that it is essentially a new work. Dr. William Welch, Lecturer on Pathological Histology in the Bellevue Medical College, contributes the first seven chapters on the General Pathology of the Solid Tissues and of the Blood. He has also revised and in great part rewritten the descriptions of the anatomical characters of the diseases considered in the rest of the volume. The author has added a new section devoted to the dis-

eases of the hematopositic system, has altered the classification of nervous diseases, and has given a fuller consideration of several diseases.

There will probably be no more interesting event in medicine during 1881 than the new edition of Flint. There is no better text-book in medicine, and the careful revision given by its author brings it fully up to the day. Clearness and fairness are the two words which best describe the quality of the book, and its immense popularity will no doubt be increased.

The publishers issue it in cloth, sheep, and in the beautiful half-Russia, which they have lately introduced for medical works.

**A Manual for the Practice of Surgery.** By THOMAS BRYANT, F.R.C.S., Surgeon to and Lecturer on Surgery at Guy's Hospital, Membre Correspond de la Société de Chirurgie de Paris. Third American from third revised and enlarged English edition. Edited and enlarged for the use of the American student and practitioner, by JOHN B. ROBERTS, A.M., M.D., Lecturer on Anatomy and Operative Surgery at the Philadelphia School of Anatomy. With seven hundred and thirty-five illustrations. Philadelphia: Henry C. Lea's Son & Co. Octavo, pp. 1005. 1881.

The new editions of Bryant's Surgery keep pretty equal pace in England and America. It is the only systematic work upon Surgery of English source that has seriously divided the popularity of Erichsen's treatise. It is a vigorous, plain, honest exposition of surgery as seen in the great field offered at Guy's Hospital, and is of immense value to both student and practitioner.

The annotations of the American editors are sometimes judicious.

## Formulary.

### SUBSTITUTE FOR CAMPHOR IN FLY BLISTERS.

Dannecy condemns the use of camphor in fly blisters as incapable of checking the absorption of the cantharidin and forestalling the dangerous symptoms which follow. As a substitute for camphor he has found sodium bicarbonate or sodium carbonate, which has lost its water of crystallization, to answer his expectations. The blistering action is more rapid than with camphor, and the absorption of cantharidin appears to be checked. He uses equal parts of the sod. carb. (dry) or sod. bicarb. and coarsely-powdered cantharides.

### SIR J. MURRAY'S FLUID CAMPHOR.

Each ounce contains three grains of camphor and six grains of magnesium carbonate, dissolved by carbonic acid under pressure.—*Beasley.*



## TREATMENT OF OZENA.

W. Pugin Thornton strongly recommends the following liquid to be applied to the nasal passages by means of the spray:

℞ Sodii carbonatis..... } āā 3j;  
 Sodii boratis..... }  
 Liq. sodæ chlorinat..... 3 ss;  
 Glycerini..... fl. 3 iijss.

Lennox-Browne directs, for the removal of the nasal incrustation of persons affected with ozena, to syringe out the nostrils several times daily with a lukewarm emollient solution or a weak solution of salicylate of sodium; afterward he applies the following by means of a brush. The nasal passages should be kept constantly clear and open, and should not be stopped with a tampon:

℞ Iodoformi..... gr. v;  
 Ætheris..... ℥ xij;  
 Vaselini..... 3 j;  
 Ol. rosæ..... gtt. v.

—After *Monit. de Médecine*.

## TREATMENT OF AMENORRHEA.

William R. D. Blackwood, M.D., Physician to St. Mary's Hospital, writes, in the Medical Bulletin:

A large number of remedies have been credited with emmenagogue properties, many of them being inert, and some of them simply irritant poisons whose employment has frequently resulted fatally, especially when used with criminal intent, as abortifacients. Strychnia affords excellent results in many instances. A favorite with me is the following:

Strychnia sulph..... gr. j;  
 Cinchonidia sulph..... 3 j;  
 Ferrum per hydrogen..... } āā 3 ij;  
 Assafetida pulv..... }  
 Ext. quassia..... q. s.

M. In pil. No. 60 div. Sig. One four times daily.

I usually add at bedtime ten drops of Squibb's fluid ext. ergot in water; and a forcible jet of cold water along the spine every morning on rising for a few minutes, with brisk friction of the abdomen, succeeds admirably in many cases. Exercise in the open air, equestrianism particularly, with attention to a normal action of the skin, kidneys, and bowels is essential.

## USES OF BORACIC ACID.

Carbolic acid is doubtless of great value in the treatment of cutaneous affections, but it is a poisonous and irritant substance, especially in the case of young children. Boracic acid, an excellent antiseptic, is non-irritant, non-poisonous, and renders good service in the management of eczema, that is, in the form of ointment: Vaseline, twenty-five parts; boracic acid (porphyryzed), five parts; balsam of Peru, one part; or the boracic acid may first be dissolved in an equal weight of glycerin, and the other ingredients added. This ointment suits admirably in eczema and intertrigo.—*Journal de Méd. et de Chir.*

## COST AND VALUE OF THE CINCHONA ALKALOIDS.

Dr. Hager, in a paper in the *Bunzlauer Pharmaceutische Zeitung*, gives the results of some experiments made on himself to decide this question. Pills containing considerable doses of the alkaloids were

used to relieve catarrh, and the antipyretic value and cost in shillings for one hundred grams are given in the following table:

	Antipyretic value.	Cost.
Quinine sulphate.....	100	95
Quinidine sulphate.....	90	55
Chinchonidine sulphate.....	70	30
Chinchonine sulphate.....	40	10

This table means that two and a half grains of chinconine sulphate in a dose will produce the same antipyretic effect as one grain of quinine in a dose, which costs four times as much.

## NAPOLEON'S MEDICINE.

This was a favorite general laxative used by Napoleon I, from the prescription of Corvisart:

Boro-tartrate of potash..... 3 ss;  
 Tartar emetic..... gr. ¼;  
 Sugar..... 3 j;  
 Water..... 3 xv.

Dose, a wineglassful frequently until it operates.

—*The Druggist*.

## Pharmaceutical.

TONGA is the latest remedy for neuralgia, which comes to us from the Fiji Islands through the enterprising firm of Parke, Davis & Co. There is ample field to test its merits, and we doubt not many of our readers will be tempted to try it in their practice. We would be obliged for clinical reports upon its action within our bailiwick. It comes well indorsed by Drs. Ringer, Murrell, and Bader, and deserves fair trial.

LIPPIA MEXICANA is the new expectorant introduced by the same firm on the authority of Dr. J. H. Sexton, of Baltimore. It is surely a seasonable visitor.

SALICYLATE OF CINCHONIDIA is the combination presented by Messrs. Jno. Wyeth & Co. It is a powerful compound certainly in name, and comes well recommended for rheumatism, gout, headache, neuralgia, etc. Reports on its use are also solicited. The same firm sends to us beautiful samples of the following preparations: Elixir guarana, fluid ext. jaborandi, elixir of free phosphorus, pure cod-liver oil (of Marvin), fluid ext. ergot, saccharated pepsin, fluid extract wild-cherry bark, peptonic pills, compressed tablets chlorate of potash (a notably beautiful preparation), compound pills of Dover's powder, elixir phosphate iron, quinine, and strychnine, and their dialysed iron of world-wide celebrity.



## Miscellany.

RUSH ON THE FUNCTIONS OF THE THYROID GLAND.—The design of this gland I believe to be to defend the brain from the morbid effects of all those causes which determine the blood into it with unusual force. My reasons for this belief are founded—1. Upon its situation and structure. It is seated upon the anterior parts of the larynx, and is supplied with four large arteries, which return their blood by means of veins, without terminating in an excretory duct, and without producing any thing like a secreted liquor. 2. Upon its larger size in women than in men (St. Louis Med. and Surg. Journal). The provision was necessary to guard the female system from the influence of the more numerous causes of irritation and vexation of mind, and the more acute bodily diseases to which they are exposed than the male sex. The sensation known by the name of globus hystericus appears to be produced by the diversion of the excessive mental impressions from the brain to the thyroid gland. We often observe it to be considerably enlarged in hysterical paroxysms. A remarkable case of this kind is taken notice of by Dr. Whyt in his treatise upon nervous diseases. It is probably from the greater size and more frequent excitement of the thyroid gland in women than in men, that the former are more subject to bronchocele than the latter. 3. Upon the effect of certain exercises of the body and mind upon the thyroid gland in its diseased state. Dr. Broadbelt relates in his inaugural dissertation upon Bronchocele, published in Edinburgh, in the year 1794, that such of the inhabitants of Derbyshire, in England, as are afflicted with that disease, are subject to a pain in the gland and to an increase of its size when they are unusually excited by running or anger. 4. Upon the effect which disease in the thyroid gland and in its loss have upon the brain. The bronchocele of the Cretins is generally accompanied with imbecility of mind, and Dr. Chapman informed me that Mr. Cooper, surgeon of St. Thomas's Hospital, in London, had produced something like fatuity in several dogs by extirpating this gland.

It is possible this gland may serve the additional purpose of an outlet to undue impressions upon the lungs and windpipe by an excess in exercise of the voice and speech, and thereby defend those important parts of the body from rupture and disease.

BISMUTH PREPARATIONS.—The Druggists' Circular reports that at the last meeting of the Kings County Pharmaceutical Society the subject of impurities in the medicinal salts of bismuth first occupied the attention. Dr. Sheets related that, having had occasion to administer subnitrate of bismuth in his own family, the medicine caused great fetidity of the breath, persisting for several days (Oil and Drug News). He inquired if any one had observed any similar effects. Mr. Creuse answered that this garlicky smell had been noticed some time since in England, when it was attributed to the presence of tellurium in the metallic bismuth from which the salts were prepared. Another impurity occasionally found in bismuth preparations is a minute quantity of silver, which imparted to them the property of turning gray when exposed to light. The shade is different from that caused by sulphurous vapors, and occurs without the contact of air. The variations of color of bismuth salts from snow-white to light yellow was explained by the difference of hydration and molecular constitution. Anhydrous bismuthic oxide is of a decided yellow color, and the hydrated oxide is readily transformed into the anhydrous variety. As the insoluble medicinal preparations of the metal are all of a basic character they partake of the properties of the oxide. Another cause, the molecular condition, has also some influence. In this case it is physical rather than chemical. According to the *modus operandi* salts of bismuth can be obtained either dense or quite light. The denser kinds, as will readily be understood, are naturally of a darker color. Manufacturers know well how to produce either variety at will, but they do not always make their process public.

TIME will have its revenges. In the days of Jenner the vaccinationists were denounced and persecuted by the anti-vaccinationists. In our day the tables seem to be turned, for during the present scourge of smallpox in England many have been fined and imprisoned for resisting the compulsory vaccination acts. The British Medical Journal says that the Lincoln Anti-vaccination League has paid no fewer than two hundred and thirty-five fines for its members, and many persons have been prosecuted and fined who have had no connection whatever with the league. The Gainsborough league has paid no fewer than two hundred and four fines, and no less than twelve of its members have suffered imprisonment.



HOW A "WORM I' THE BUD" BECAME A WORM IN THE NOSE (St. Louis Medical and Surgical Journal).—An old lady in Lower Malbro' had for six or eight months past an excruciating headache. About three weeks ago there commenced a discharge of bloody matter from the nostril, the pain by degrees falling to one corner of the eye on the side from which the discharge proceeded. Within a few days she closed the nostril not affected and blew hard, when out flew a *worm* about two inches long, apparently, with a head at each end, which was white, and the body brown. Its action was like what is called an inch *worm*, and on its back scales were perceptible. This old lady says that one day last summer she was walking in her garden, pulled a rose and smelled it, and immediately a painful sensation took place in her head just above the nostril that has been afflicted; and she remembers to have observed some small white worms on the rose which are common to that flower, from which moment she had not been without pain until she discharged it.—*Thomas H. Stockett, M. D., 1791.*

MIND IN WORK.—Medical men see a great deal of life, and nothing strikes the observant family practitioner more than the number of feeble, sauntering, and loitering minds with which he is brought into contact (London Lancet). No inconsiderable proportion of the common and some of the special ailments by which the multitude are affected may be traced to the want of vigor in their way of living. The human organism is a piece of physico-mental machinery which can only be successfully worked at a fairly high pressure. It will almost inevitably get out of gear if the propelling force is allowed to fall below a moderately high standard of pressure or tension, and that degree of tension can not be maintained without so much interest as will secure that the mind of the worker shall be in his work. It is curious to observe the way in which particular temperaments and types of mental constitution are, so to say, gifted with special affinities or predilections for particular classes of work. The men who work in hard material are men of iron will, which is equivalent to saying that the men of what is called hard-headed earnestness find a natural vent for their energy in work which requires and consumes active power. On the other hand, the worker in soft materials is commonly either theoretical or dreamy. There is a special type of mental constitution connected with almost

every distinct branch of industry—at least with those branches which have existed long enough to exercise a sufficient amount of influence on successive generations of workers. We are all familiar with what are called the racial types of character. It would be well if some attention could be bestowed on the industrial types, both in relation to educational policy and the study of mental and physical habits in health and disease.

THE physiology of the Talmud is grotesque enough in some particulars. "The kidneys give advice, the heart understands, the tongue produces articulate sounds, the mouth completes them, the esophagus receives and rejects food, the trachea produces the voice, the lungs absorb liquids, the liver is the seat of rage, and the gall-bladder throws bile upon it and calms it, while the spleen is the seat of laughter" (London Lancet). Among other duties of the learned doctors was superintendence of the slaughtering of animals. Arguing from their physiological knowledge that the trachea and esophagus are the structures most essential to life, they ordered that all animals should be slaughtered by the division of these only. A certain Rabbi, having observed that this was not a very speedy mode of death, suggested the division of the blood-vessels of the neck, but his advice was overruled.

EFFECTS OF EAR-PIERCING.—A discussion has been carried on at the Société Médicale des Hôpitaux on the effects of ear-piercing in scrofulous subjects (Lond. Lancet). From a large number of cases quoted by different speakers it would appear that this trifling operation, usually performed by the jewelers, is often followed by disagreeable consequences. In a strumous person it very frequently sets up ulceration, which persists as long as the earring is worn, and ends by a fissure of the lobule. At other times a troublesome eczema is produced, which can not always be cured by the removal of the exciting cause.

THE SPREAD OF TYPHUS IN DUBLIN.—A case has been brought under the notice of the Public Health Committee and the Local Government Board for Ireland, in which a dispensary medical officer failed to report an outbreak of typhus fever to the former sanitary authority (British Medical Journal). Six cases of typhus fever through this neglect, it is stated, occurred in one house in this gentleman's district, one of which at least proved fatal.



## Selections.

**Salicylic Silk as a Surgical Dressing.**—A. F. McGill, F.R.C.S., in London Lancet:

When a wound of considerable size is dressed antiseptically in the usual manner with carbolic gauze the dressing must, of necessity, be changed several times during the first week. If this is not done the serious discharge, which exudes in large quantity, soaks to the outside. Putrefactive changes ensue, and the case, as it is generally called, "breaks down." The frequent changing of the dressing in the early days after the infliction of a wound, during the time that healing by first intention may be expected, is an un-mixed evil. It is probably owing to this cause that immediate healing of wounds treated antiseptically is not of more frequent occurrence. The handling of a wound at a later period when primary adhesions have become firm, or when granulation has occurred, is a matter of little moment. Unfortunately it happens that disturbance is necessitated at the very time when rest is most imperatively needed. If, then, we can use as a dressing some material which will not require to be renewed except at long intervals, we not only increase the patient's chance of speedy recovery, but lessen very considerably the work and expense of the surgeon. Such material is, I think, found in salicylic silk. The silk used is the article called in the trade "silk noils." These noils are a waste product, and are consequently of comparatively small value; they are sold for stuffing cushions and chair-bottoms. The silk is soaked in a solution of salicylic acid made by dissolving the acid in methylated spirit and boiling water. After soaking and drying ten parts of the silk should weigh eleven; consequently the silk when ready for use contains about ten per cent of the acid. Before using it is well to tease the fibers asunder; though this is not absolutely necessary, it considerably improves the dressing, making it softer and more absorbent. At the same time its bulk is much increased, and consequently a smaller quantity is required for a dressing. When the silk is adopted as a dressing no antiseptic precautions should be neglected, the carbolic-acid spray and lotion being used in the usual manner. For drainage in large operations I have been in the habit of using the ordinary india-rubber tubes, either wholly or partially removing them at the end of the first week; in smaller wounds tubes of decalcified bone, catgut threads, or fiddle-strings prepared antiseptically and twisted into a spiral have been inserted.

These last, which are in suitable cases very efficacious, were first suggested and made by my friend Mr. G. D. Todd, a former house-surgeon at the Leeds Public Dispensary; being made of an absorbent material, they possess the advantage that they do not require any change of dressing for the purpose of removal. All absorbent tubes have, however, a common fault, they are not efficient in cases where they are exposed to the pressure of heavy flaps, as any considerable pressure causes them to collapse prematurely. The dressing is usually applied direct to the wound; in some cases where there has been a long incision a strip of thin muslin or gauze soaked in carbolic lotion has been first applied, covering all the wound except the points where the drainage-tube has presented; over this silk in large quantities has been lightly bandaged. Wherever the silk has touched the wound it has been usual to dip a

small portion in carbolic lotion before applying it. This has been done in deference to Professor Lister's teaching—to destroy any putrefactive germs which might alight with impunity on the non-volatile salicylic acid—but as any liquid which reaches the germ would at the same time reach and dissolve the acid, it seems improbable that any putrefactive changes would result if this precaution were neglected.

The first dressing applied as directed above is not disturbed for from five to ten days, unless the condition of the patient necessitates an examination of the wound. If the temperature remains above 100° F. it is probable that drainage is interfered with, and an examination of the wound is called for. If, however, proper care has been taken at the first dressing such an examination will rarely have to take place. The second dressing may be left on for an indefinite time, and will not usually be removed till the wound is entirely or almost entirely healed. I need hardly add that all dressings are changed under the spray.

In estimating the value of the new dressing it can be compared, first, with carbolic gauze, and, second, with the salicylic cotton wool used by Prof. Thiersch. Compared with carbolic gauze (1) it requires less frequent renewal, thereby saving the patient pain and discomfort, and the surgeon time; (2) it increases the chance of a speedy union of the wound by insuring rest in the early days of treatment; (3) it will keep for an indefinite time, whereas the gauze after the lapse of a few months loses its antiseptic properties; (4) it is cheap, and consequently saves the surgeon and patient expense. Compared with the salicylic cotton wool it is found to possess two great advantages—it is more absorbent and more elastic. Its absorbent properties make it a much safer antiseptic; its elasticity prevents it from caking and makes it more comfortable.

**Alcohol as an Antispasmodic.**—Benj. Ward Richardson, M.D., F.R.S., in the Medical Press and Circular:

The diffusibility of alcohol through the body and in the blood renders it a bad antispasmodic where it is often required. But this very fact of diffusibility makes it as useful in other cases, when an equable diffusion through the body is the best line of practice to be pursued. In illustration I may mention examples of shock or stun, mental or physical, as cases in point. During shock, as from a blow or from fright, the pallor of the face indicates the resistance that has occurred in the terminals of the circulation, while the heart sharing through its vessels in the same catastrophe is unable to meet the strain to which it is subjected. Here alcohol acts perfectly as a restorative when it can be administered and absorbed. Diffused through every part, it causes a relaxation, under which the heart is relieved, the circulation set free, and the animation is restored. In short, just because a man intoxicated from alcohol bears shocks which might be fatal to a sober man, so a man under shock is relieved by alcohol. In the first instance, the body was in a condition under which the organic motor fiber is enfeebled by the alcohol, and rendered irresponsive to the concussion; in the second instance, the contracted organic fiber is relaxed by the alcohol.

It is no paradox to say that in this particular mode of action, in cases of stun, alcohol resembles blood-letting. The old practitioners drew blood from persons who were stunned by physical or mental shock,



and if they succeeded in getting a current of blood they were accustomed to witness a quick reanimation. I have seen this phenomenon myself in the early part of my career. What occurs from this process is relief to the right side of the heart, with removal of pressure and of resistance to the heart-stroke, so that the heart is enabled to rekindle motion. The relaxing influence of alcohol is of the same character of relief.

For a similar reason alcohol is a good agent to administer just before the administration of those anesthetics which produce contraction of arterial fiber and convulsive spasm. This action belongs to all the members of the chlorine anesthetic family, to chloroform singularly, and is, no doubt, as I have pointed out over and over again, the chief cause of danger from them. To give a dose of alcohol therefore, a dose sufficient to produce a demonstrable physiological effect before administering chloroform, is sound physiological practice; and I attribute much of the success which attended the administration of chloroform in my hands to this detail. I noticed so often that a full dose of alcohol lessened the duration and intensity of the second or convulsive stage of chloroform that I invariably gave a full dose before beginning to apply the inhaler. In my lectures on *materia medica* to the Royal College of Physicians I made this point a matter for direct demonstration. I showed the action of the chloroform alone, of ether alone, and of chloroform after a subcutaneous injection of alcohol on the hearts of three guinea-pigs that had been let sleep to death in the vapors. In the animal that had died under chloroform alone the heart was dead and the lungs pale; in the animal treated with ether alone the heart was beating briskly on the two sides, and the lungs were filled with blood. In the animal that had been treated first with alcohol and then with chloroform the heart was beating regularly on both sides, and the lungs were filled with blood.

Again, I showed an analogous experiment in my experimental lectures upon artificial respiration. I showed two rabbits that had been made to cease to breathe in chloroform vapor, but one of which had previously been injected with alcohol. I started the process of artificial respiration in the two at the same time as they came out of the narcotizing chamber, and demonstrated that while the one that had been charged with alcohol was restored with the utmost readiness, the other was hopelessly beyond restoration.

The antispasmodic action of alcohol is here shown at its best, and I should still, were I about to take or administer chloroform, prescribe a preliminary dose of alcohol. For ether and nitrous oxide such a precaution would not be necessary; for methylal it would not be necessary. Those agents themselves play the same part as alcohol—they relax the arterial fiber.

**Atropia-poisoning.**—M. Landesberg, M.D., in the Medical Bulletin, reports the following:

Miss C., twenty-one years old, took a teaspoonful of a solution of atropia, of one grain to three drams, instead of morphia, as intended, in order to alleviate a severe toothache. On discovering her mistake she immediately called at my office and informed me of what had occurred. She complained of a bitter taste, dryness of the throat, and blurring of vision. The face was flushed, the skin hot, the pulse full and rapid, and the respiration accelerated. Both pupils were medium, dilated, and immovable. Vision and tension

were normal. The ophthalmoscope showed marked hyperemia of the retina, the vessels of which were distended and tortuous; besides, there was arterial pulsation; sensibility, reflex excitability and mental capacities were not impaired. In the meantime the voice of the patient became husky and faltering, her ideas incoherent; hysteric laughing alternated with sobbing and crying, and patient felt oppressed as though she would suffocate. The flushed face changed to paleness, the eyes lost their luster, the pulse became feeble, the respiration slow, and the body shook as if in an ague-fit. I requested the patient to lie down on the lounge. She tried to stand up, but she failed in the attempt, her feet were numb, and she had lost all power over them. I had to carry her to the sofa. There she lay with chattering teeth, shaking with slight tonic spasms. Her consciousness was not impaired; she understood when I spoke to her, but she could not utter a word.

In this emergency I made a subcutaneous injection of one fourth grain of morphia. The spasms vanished instantly. The pulse became fuller, the respiration easier, the body warmer, the oppressed face brightened up and showed all signs of general comfort; but in all other conditions there was no change. Upon another injection of one sixth grain of morphia, made after an interval of twenty minutes, the pupils reassumed their normal shape, and the patient recovered her voice and fell into a sound sleep. When she awoke, two hours afterward, all morbid symptoms had disappeared, and she was able to walk without any assistance to the carriage which had brought her to my office. Complete recovery ensued in the course of the same day.

**On Colotomy.**—Christopher Heath, F.R.C.S., in British Med. Journal:

No operation has probably undergone a greater change of estimation of late years than colotomy. Confined originally to cases of obstructive disease of the sigmoid flexure or rectum, recourse was had to it only as a last resource, and when the patient was *in extremis*. I have on several occasions been called upon to operate under these circumstances, and the result has too often been disappointing. Not only is the risk of death from exhaustion very great, but there is also the great liability for the bowel to give way before or soon after the operation either just above the stricture or at the cecum, which latter seems to be especially liable to perforation by ulcer when much overdistended. At the same time I have seen so many recoveries, with considerable prolongation of life after colotomy in apparently desperate circumstances, that I should not feel justified in refusing to operate unless the symptoms pointed distinctly to perforation and consequent peritonitis. Death from overdistension of the bowels is one of the most painful and distressing terminations of life we can have to witness, and to obviate this alone colotomy will be justifiable even under circumstances of the greatest gravity.

But it is as a means of relieving the suffering caused by cancer of the rectum, or incurable ulceration, or recto-vesical fistula, and of thus prolonging life in comparative comfort that the operation of colotomy has been proved so advantageous. Six months, twelve months, or more, may thus be added to the life of a patient suffering from cancer; and one patient of mine survived the operation two years and nine months in great comfort, although latterly the



disease had encroached upon and perforated the vagina—a complication most offensive under ordinary conditions. To show how little a lumbar colotomy interferes with the health or comfort of a patient, I may mention that in January, 1872, I performed colotomy on a lady (a patient of Dr. Grigg), who was suffering constant torture from a recto-vesical fistula, following and connected with a pelvic abscess. She is perfectly well at the present time; has no pain or trouble, and is able to attend to her domestic and social duties without inconvenience. Another female patient, whose colon I opened in 1873 for intractable syphilitic ulceration of the rectum, is living and well, but the rectum is completely closed by the cicatrization of the ulcers. . . .

As regards the operation itself, I would say that though it often is extremely easy and simple, yet in some cases it is of the greatest difficulty. In a case of obstructive disease the colon is often distended and easy to reach; but again when distension is great the colon may be contracted and the small intestines overlap it completely and cause great difficulty, or the peritoneum distended with air may closely simulate the bowel. Again, the anatomical arrangement of the meso-colon may be such as to render it impossible to reach the bowel without opening the peritoneum. Should the peritoneum be opened I believe the best mode of proceeding is to bring up the colon to the opening and stitch it carefully before opening the bowel, so that the two peritoneal surfaces may be well in contact and rapidly adhere, when a good result may be anticipated. It is said by a distinguished lithotomist of the day that every case of lithotomy has its own peculiarities, and the same may, I think, be said of colotomy. Although my experience of the operation is now not inconsiderable, I must confess to a feeling of relief when I have fairly opened the colon without misadventure.

In the after-treatment of cases of colotomy some little care is required in washing out periodically the diseased piece of bowel below the artificial anus; for if this be neglected the mucous secretion collects, and is apt to irritate. It is undoubtedly the fact, though it is difficult to explain it, that fecal matter does occasionally find its way into the rectum in some cases, but the bulk of the feces is of course discharged at the loin, and with great regularity and singularly little discomfort. A simple bandage, with a pad of tow or wool applied over the anus, is sufficient to prevent injurious friction of the part, but if, as sometimes happens, there be a tendency to prolapse of the mucous membrane an air-pad may be added.

**The Pathology of Hydrophobia.**—At the last meeting of the Paris Academy of Medicine a debate arose concerning a case of hydrophobia which was said to have been five years in incubation (Med. Press and Circular.) M. Bouley remarked that M. Colin had forgotten to mention the anatomical lesion described by MM. Gombault and Nocart in 1875, before the Anatomical Society, and stated by them to be essential to, and characteristic of, hydrophobia. In all post-mortem examinations of dogs which had died from hydrophobia, in the post-mortem examination of a goat, of a horse, and even of a man, victims of the same disease, these observers remarked the presence of an accumulation of white globules within the peri-vascular lymphatic sheath on the floor of the fourth ventricle, and also of apoplectic centers made up of these globules. MM. Gombault and Nocart explain by means of this lesion of the nervous system

the remarkable effects of faradization in cases of rabies. M. Bouley adds that in certain cases of false rabies it was demonstrated that this lesion of the bulb did not exist. In one case, where symptoms exactly similar to those of rabies had been induced by the dog having swallowed a marble, the expulsion of the foreign body was followed by complete disappearance of all symptoms. In another case where the symptoms of rabies had been caused by the presence of a bone which had stuck in the intestine the dog died, and a post-mortem examination proved that there was no lesion of the bulb. The existence or non-existence of this anatomical lesion would therefore prove a means of distinguishing between true and false rabies. It is much to be regretted that this discovery was not utilized in the case of M. Colin's patient, as there are many diseases the symptoms of which might easily be mistaken for those of rabid hydrophobia. M. Bouley stated also that a veterinary surgeon of Lyons has proved that the rabbit is extremely sensitive to inoculation of rabid virus, and that the symptoms of disease are generally apparent within a short time after inoculation. Several physicians, and among them M. Maurice Ragnaud, have used this fact as a means to determine whether the symptoms observed by them in man were those of true or of false rabies. This method of diagnosis was not employed in the case of M. Colin's patient.

M. Bouley, for all these reasons, is of the opinion that the presence of rabid hydrophobia has not been clearly demonstrated in the case of M. Colin's patient. He considers that even if the doubt existed as to the nature of the disease to which the man succumbed, it might well be doubted whether a bite received five years before could be the determining cause of the disease. It might easily happen that a man, during this interval of five years, had contracted hydrophobia, if not from the bite of a dog, at least through being licked by one; for it is a fact which can not be too often insisted upon, that rabies may be contracted through the licking of a mad dog, and it is now generally admitted that when first attacked by rabies dogs become more affectionate, more caressing, and therefore more than usually prone to lick those with whom they may come in contact.

**Extensive Venereal Warts.**—H. T. Machell, M.B., L.R.C.P., Edin., Toronto, in Canadian Journal of Medical Science:

On the 1st of December last a patient presented herself, saying she had "the chancres." The history of the case, however, pointed to gonorrhea, which she had contracted six months ago. On making an examination, the whole circumference of the vagina, from the labia minora backward for an inch and a half, was completely studded with venereal warts, while above this these growths were scattered here and there up to within a few lines of the cervix uteri. These vegetations so packed the anterior portion of the vagina that when the labia were separated the direction of the canal could not be made out at all, and it was with considerable difficulty that the finger could be introduced. They varied in size from a pin's head to that of a good-sized pea, but the greater number of them were flat and smooth, and frequently three or four could be seen attached to one pedicle.

Nitric acid was applied a few times at intervals of three days, then the remainder were clipped off with the scissors at a couple of sittings, and the acid applied to the base of the pedicles. Result good.



**A Case of Strychnine Poisoning Treated Successfully with Bromide of Potassium and Chloral.**—By Engledue Prideaux, L.R.C.P. Lond., M.R.C.S. Eng., in *London Lancet*:

On arriving at the house I found the patient, a woman of about fifty years of age, lying upon a mattress on the floor, unable to speak and perfectly rigid, and in a condition of constantly recurring opisthotonos, the convulsions succeeding one another with great rapidity, with all the appearances of acute strychnia poisoning. The pulse was slightly quickened but otherwise fair. As soon as the jaws were relaxed I administered half an ounce of bromide of potassium in solution with one dram of chloral. After a quarter of an hour the spasms began to materially abate, and the muscles relaxed in a marked degree. I then repeated the bromide, and in half an hour there was almost perfect relaxation, with slight spasms recurring at much longer intervals. After remaining with the patient for some time and finding the spasms did not recur in their intensity, we left, leaving another ounce of bromide to be given in divided doses of two drams every four hours during the night.

The next day I visited the patient early in the morning, anxious to know the progress of the case. I found her in a very feeble state, and to my surprise quite unable to raise herself, and able hardly to move a muscle; indeed she seemed like a sheet of wet blotting-paper, and was almost completely paralyzed; her water had run away in great excess, and a large quantity of liquid feces. Her pulse was slow and markedly feeble. She had taken half of the quantity of bromide left. I stopped its administration and ordered strong beef tea and milk, with a little brandy at frequent intervals. On the evening of the same day there was little alteration.

From this time she progressed toward convalescence very slowly and gradually, her recovery being much retarded owing to the inability of her friends to obtain sufficient and proper nourishment. After three days she was able to raise herself, and had regained power over the sphincters, and on the fifth day was able to sit up. She was then removed to the Union House, where she rapidly recovered.

We were shown also an old wineglass with the foot broken off, and told that she had poured out the medicine into this without measuring it, taking nearly or about a full glass, as she said, "to make up for not taking any during the day." I took away the glass, and found it to hold full two ounces and a half.

The woman must have taken, from the size of the glass she used, fully two ounces of the wrong mixture, each ounce containing forty minims of liq. strychniæ, P. B.—that is, eighty minims in all—nearly three quarters of a grain of strychnia. I have not been able to find any record of the administration of so large a dose of bromide of potassium, but it appeared to me necessary to give as large a dose as possible, inasmuch as the poison had been in the stomach for a considerable time, and it had all, or nearly all, been absorbed. The symptoms had been increasing in severity, and from their intensity were evidently attaining their maximum, and must have soon produced death by interference with the function of respiration, so that to give smaller divided doses would have been useless. The effect of the first dose was remarkably complete, temporary muscular relaxation occurring in about twenty minutes, the succeeding convulsions becoming rapidly altered in character.

I believe that the complete muscular paralysis which occurred, and was so slowly recovered from, was owing to the partial abolition of the functions of the spinal cord, caused by the exhibition of the remedy, and was not due to nerve or muscular exhaustion consequent upon the extreme excitation and activity induced by the poison.

**Malignant Pustule.**—Dr. Greenfield (*Brit. Med Journal*): The principal symptoms are briefly as follows: At the local seat of inoculation a small pimple forms, which soon passes into a papule, and then changes to a flat vesicle, which gradually enlarges and bursts, discharging a clear or bloody fluid. The base of the ulcer dries, leaving a dark brown or black spot. Around this smaller vesicles appear that soon undergo the same changes, and in this way the ulcer enlarges to the size of a shilling or more. The surrounding tissue is swollen, red, and inflamed, so that the ulcer is seated on a hard, raised red base, and there is a kind of erysipelatous blush or swelling extending for a considerable distance around. The lymphatic glands connected with the part are greatly swollen. If the patient survive, the central black eschar may become detached by sloughing, and the wound granulates, the edema and lymphangitis gradually subsiding. The constitutional symptoms vary greatly, and do not in all cases at all correspond in severity to the local symptoms, and in some cases are entirely absent. The temperature is usually high when any fever is present, the pulse and respirations accelerated, the latter frequently oppressed. Great prostration, anxiety, delirium, profuse perspirations, and sometimes convulsions precede death, which may occur in thirty or forty hours, or within five or six days, but rarely later.

**Ozena.**—In several cases of chronic inflammation of the nasal and pharyngeal cavities giving rise to offensive discharge, Dr. Poore (*London Lancet*) has found decided benefit result from the use of a stimulant and antiseptic snuff having the following formula: Biborate of soda, nitrate of bismuth, each one dram; disulphate of quinine ten grains, iodoform five grains. This snuff has the effect of stopping the fetor and greatly diminishing the amount of discharge from the nostrils. It is liable, as are all snuffs when used for similar conditions, to cake in the nostrils, and it is therefore necessary to thoroughly wash out the nostrils once a day. This may be done by means of a nasal douche, or the patient may easily be taught to snuff a lotion up the nose and allow it to run out of the mouth. A teaspoonful of glycerin of borax dissolved in a wineglass of tepid water forms an excellent wash for the nose, and with a little instruction patients learn how to wash out their nasal and pharyngeal cavities without the aid either of syringe or douche apparatus. In cases where the ozena is of a simple kind, not due to caries or necrosis of bone, but rather to a sluggish inflammatory action occurring in a scrofulous subject, considerable benefit is often derived from the administration of the sulphide of calcium in doses of half a grain (in pill), taken three times a day. It is often necessary to cleanse the nasal and pharyngeal cavities with a brush inserted through the anterior nares, and also behind the soft palate, so as to reach the summit of the pharynx. The brush may be moistened with glycerin of tannin, and after the cavities have been cleansed a little dry iodoform may be passed into the cavities on the tip of the brush.



# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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No. 9.

R. O. COWLING, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M. D., . . . . . Managing Editor.

## A TERRIBLE MISTAKE.

The Druggist, of Chicago, reports a serious blunder through which two children of that city recently lost their lives. Muriate of morphia was given them for muriate of quinia. The mistake was charged to the attending physician, who laid it upon the apothecary, and he fell back on the manufacturing chemist with the statement that the drug was dispensed from a bottle bearing the manufacturer's label and marked plainly muriate of quinia.

It is fearful to think that such a mistake is even possible; but it is by no means surprising that it should sometimes be made when we note the slight difference in the appearance of the two drugs, and remember that this, with the not infallible warrant of the manufacturer's label, is the only means employed by the average druggist for telling one from the other.

And here is a strong plea for a wider spread of the knowledge of chemistry. A simple test (found in any standard work on the subject), and one that is within reach of any druggist or physician, will settle the question beyond a doubt as to whether one may have morphia in a given specimen or not. Lay a pinch of the salt upon a white plate and touch it with a drop of nitric acid. If morphia, it will turn a bright red; if quinia, it will turn a faint yellow and melt away in the acid. Would not any druggist do well to exclude morphia by means of a test so easily performed, before dispensing any alkaloid of cinchona?

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Professional pharmacists and experienced physicians may smile at this suggestion, and flatter themselves that they can readily make out the difference between the two salts by the dissimilarity of their appearance in mass, crystalline form, and color. It is possible that they may be able to do this with the muriates, for in this case we grant the morphia is darker than its companion quinia salt (although we have seen specimens of quinidia of a grayish hue); but it would take an expert indeed to settle the question with the more common sulphates, and we doubt if one could be found who would consent to put his judgment to the crucial test.

We have more than once tried this question with students in the laboratory. In a class of twenty-five or more, in which were several druggists' clerks and medical practitioners, we have passed upon the same plate a specimen each of quinia sulphate and morphia sulphate, and never yet have we found a man who could tell one from the other by observing physical characters alone.

A half year never goes by that we do not have brought to our notice more than one case of poisoning by misadventure through morphia taken for quinia, and it does seem to us that with so easy and ready a means at hand for making out the difference between the two medicines, the mistaking of one for the other is altogether inexcusable.

SMALLPOX has crossed the Atlantic and is punishing the unvaccinated of our eastern cities. There is some fear of its spreading over the country, but we have as yet no news that would lead us to look forward to any brilliant display of yellow flags.



## Original.

## THE NEW MYDRIATIC.

BY W. CHEATHAM, M.D.

*Lecturer on Diseases of the Eye, Ear, and Throat, University of Louisville.*

"Away with" atropia sulphate! When I say this I mean in so far as its use in refractive errors is concerned, for now we have an efficient and agreeable substitute in the *hydrobromate of homatropin*.

I have not as yet given the new drug a trial in inflammatory affections of the eye, and so shall discuss its merits as a mydriatic alone. Prescribed after the method employed with atropia sulphate—namely, a drop or two of the solution put into each eye four times daily—its results were a disappointment; but exhibited at intervals of half an hour, for a time not exceeding two hours and a half, its effect was all that could be hoped for. My failure in the first essay was clearly dependent on the long interval (four to six hours) between the instillations. The following cases will show with what effect the new drug has been used in my practice:

CASE I.—Miss S., of Louisville, was ordered homatropin, gr. ss; aqua dest., fl. ʒ ij; one drop to be put into each eye at 8, 8:30, 9, and 9:30 o'clock, A.M., and to report at 10 o'clock A.M. on the same day. She reported promptly, and I submitted her eyes to ophthalmoscopic and other tests. Accommodation was paralyzed, the pupil was dilated, and refraction stood as follows:

Right eye— $\frac{1}{8}$  s.  $\bigcirc$  —  $\frac{1}{4}$  c., axis  $180^\circ$ .

Left eye— $\frac{1}{16}$  s.  $\bigcirc$  —  $\frac{1}{4}$  c., axis  $7\frac{1}{2}^\circ$ .

She was ordered to report again in twenty-four hours, when I found the pupil but little dilated and accommodation perfect.

CASE II.—Miss M., of Jefferson County, was ordered the homatropin, to be used as in Case I, and to report in twenty-four hours. The result of examination in this case was, accommodation, paralyzed; refraction—

R. E. +  $\frac{1}{30}$  c., axis  $90^\circ$   $\bigcirc$  —  $\frac{1}{10}$  c., axis  $180^\circ$ .

L. E. +  $\frac{1}{20}$  c., axis  $90^\circ$   $\bigcirc$  —  $\frac{1}{12}$  c., axis  $180^\circ$ .

The following cases were also treated after the manner of the above:

CASE III.—Miss N. S.:

R. E. —  $\frac{1}{8}$  s.  $\bigcirc$  —  $\frac{1}{4}$  c., axis  $180^\circ$ .

L. E. —  $\frac{1}{8}$  s.  $\bigcirc$  —  $\frac{1}{4}$  c., axis  $180^\circ$ .

CASE IV.—Miss W.:

R. E. +  $\frac{1}{96}$ .

L. E. +  $\frac{1}{72}$ .

CASE V.—Mrs. M.:

R. E. +  $\frac{1}{60}$  s.  $\bigcirc$  +  $\frac{1}{48}$  c., axis  $90^\circ$ .

L. E. +  $\frac{1}{48}$  s.  $\bigcirc$  +  $\frac{1}{48}$  c., axis  $90^\circ$ .

CASE VI.—Mrs. P.:

R. E. +  $\frac{1}{48}$  s.

L. E. +  $\frac{1}{60}$  s.

CASE VII.—J. D.:

R. E. —  $\frac{1}{10}$ .

L. E. —  $\frac{1}{12}$ .

CASE VIII.—Mrs. O. G.:

R. E. +  $\frac{1}{36}$  c., axis  $90^\circ$ .

L. E. +  $\frac{1}{42}$  c., axis  $90^\circ$   $\bigcirc$  —  $\frac{1}{72}$  c., axis  $180^\circ$ .

CASE IX.—Mrs. L.:

R. E. emmetropic.

L. E. +  $\frac{1}{48}$  s.  $\bigcirc$  +  $\frac{1}{48}$  c., axis  $90^\circ$ .

CASE X.—Miss E. B.:

R. E. +  $\frac{1}{48}$  s.  $\bigcirc$  +  $\frac{1}{36}$  c., axis  $75^\circ$ .

L. E. +  $\frac{1}{48}$  s.  $\bigcirc$  +  $\frac{1}{30}$  c., axis  $60^\circ$ .

CASE XI.—E. D. B.:

R. E. —  $\frac{1}{10}$  s.  $\bigcirc$  —  $\frac{1}{18}$  c., axis  $75^\circ$ .

L. E. —  $\frac{1}{10}$  s.  $\bigcirc$  —  $\frac{1}{26}$  c., axis  $165^\circ$ .

The above are a few of the cases in which I have obtained uniformly perfect results from the use of homatropin. According to the old method of treatment by atropia sulphate it required from two to two and a half weeks to test the eyes for glasses. Such a loss of time, objectionable to all, was a serious matter to many, with whom it was a loss of money as well as time, and not a few would rather bear with their painful eyes than make the sacrifice necessary for their treatment. Clerks and employes often found it impossible to submit to the old method.

Now, with the new mydriatic to aid us, the treatment can be easily adjusted to the needs of this class of patients, and it is a common thing with me to tell such an one to get excused from his work on Saturday afternoon, when he can come to my office, apply the homatropin, have his eyes tested, and be assured that they will be ready to serve him in his work the following Monday. Where two examinations are necessary, leave of absence for two consecutive Saturday afternoons can in most cases be obtained. So it will be seen that homatropin meets fully a want long felt by ophthalmologists.

Another instance of its utility is in those cases where the pupils are too small to admit of an accurate ophthalmoscopic examination. It promptly dilates the pupil, paralyzing accommodation as well; but these aberrations return to the normal in so brief a time after the discontinuance of the medicine that the fear of any unpleasant after-



effect of the mydriatic need no longer stand in the way of this diagnostic procedure. Even where one of Savory and Moore's disks (containing only  $\frac{1}{20000}$  of a grain of atropia each) was used, as was formerly my custom when a slight degree only of dilatation was desired, I found the after-effect to be more lasting and disagreeable than I now observe after the application of the stronger solutions of homatropin.

Prof. Ladenburg, its discoverer, says that homatropin is not poisonous. Whether he means by this that it is innocuous however taken, or rather that there is no danger of toxic effects following its free application to the eye, I have as yet taken no means to find out.

Thus it may be seen that there are four reasons at least for saying in conclusion, as I said in the beginning of this paper, "Away with" atropia sulphate as a mydriatic—first, because homatropin will paralyze accommodation as fully or more so than atropia sulphate, and do it with the same strength of solution and number of applications; second, because the local effects of the former are no more disagreeable than those of the latter; third, because it is not poisonous (so Prof. L. says), and we need fear no disagreeable after-effects from its use; and fourth, because after homatropin the paralyzed muscle of accommodation will gain its normal power in the short space of twenty-four hours, while after atropin ten or twelve days must pass before the same result can be reached.

LOUISVILLE.

## Correspondence.

### NEW YORK LETTER.

*Editors Louisville Medical News:*

Yesterday a youngish-looking man called to see me, bearing a note of introduction from a homeopathic friend in a western city. The young man, I soon learned, was a patient of my friend the homeopath. I was simply asked in the note to give an examination and advise him (the patient) accordingly. I was terribly rushed (New York specialists, Messrs. Editors, are always "rushed to death," or "frantic with work"), and I hurriedly "went over" the patient, learning that he had been ailing for two or three years with pain in his back and loins, and with feelings and symptoms he "didn't know exactly how to describe." While he

was undressing himself I observed a beautiful jacket made of cheese-cloth and glue, covered with a coating of shellac perforated *secundum artem*, and presenting quite an improvement in front over any that I had seen. The lower half in front consisted of a piece of heavy drilling, and thus provision was made for abdominal respiration. I observed also a bit of bloody lint hanging out from the prepuce and lying directly below the meatus adhering to that portion of the glans penis over which the frenum extends. I naturally asked him what that meant, and he replied, "Well doctor, to be frank with you, I went to see doctor X yesterday, and he told me that he thought a *short frenum* might be the cause of my trouble, so he *clipped* it. I did n't know but that it was all right."

I examined him quite carefully for any disease pertaining to my own specialty and could find none. I said to him that I could satisfy him on that point, but still I had n't explained his symptoms. I advised him to go with me and see a general practitioner on whose skill as a diagnostician I set a very high value.

Today we, the general practitioner and I, saw him, and after a painstaking examination we elicited the following: A man aged twenty-six, unmarried, and one who had never known a woman. He had been restrained by religious convictions (about the only remedy known); had been the victim of occasional malarial attacks in early life; had been cinchonized time and again; was always nervous, easily excitable, and unequal to any prolonged exertion. He dated his "nervousness" back to his sixteenth year. Began masturbating about that time, but "had given it up several years ago." While at college was morose and despondent at times, even contemplating suicide. By the way, yesterday when he called he was armed with two small vials of urine marked on the corks respectively M. and E., saying that he was always asked for a specimen, and he had brought a morning and an evening specimen. These were submitted to a chemical and a microscopical examination, oxalate of lime crystals filling the field. These specimens were prettier than those given in the text-books. He insisted that mucus was always present, sometimes coming out visibly just as he was completing the act of micturition, sometimes at the beginning.

About one year ago he began to experience an uneasiness and a pain about his loins. He could n't sit straight in the seats of the theater in a law school, and these



pains had troubled him more or less ever since. The jacket was applied not because spinal caries was suspected, but because it gave him relief and support.

We submitted every organ to a physical examination, exhausting all the resources for this work, and could not find any sign of disease whatever. There was a perversion of function of organs, however, and some pain in regions supplied by nerves in communication with nerves that supplied the genito-urinary apparatus. We found that he had entertained great fears of becoming insane by reason of "so much loss of semen." His nocturnal emissions troubled him, and the escape of semen when in company with ladies troubled him; the literature of the advertising columns of newspapers but aggravated his anxiety, etc. He stated, on cross-examination, that he had been going about from city to city, from doctor to doctor, to see whether he could find two doctors who would agree. After we had begun to give him our diagnosis he volunteered the statement that he was still "masturbating seven or eight times a year in order to relieve his nocturnal erections"!

I have narrated the above case, Messrs. Editors, in order to have a text for some remarks about patients from the country (and by country I mean, of course, you know, every place outside of New York) and New York specialists. There is a large class of chronic cases sent to this city as they are sent to your city for the advice of this man and that man who has a reputation in a certain kind of disease. The patients come and "go through" all they hear of. They consult an oculist, an aurist, a heart and lung man, a rectum man, a kidney man, a skin man, a bone man, a nerve man, etc.

Let it be a woman, for instance, with a pain in her back and some vague uterine disorder. She must see, of course, one of the uterine surgeons. He, of course, recognizes something in his specialty, and something that no other man can treat with the success that he can get. Perhaps she may have a cough, and he'll gravely suggest phthisis, and recommend her to some friend who will explore her lungs. Her eyes may pain her a little, and she must go to my friend Dr. Z, who will examine these organs." Then the neurologist is called in. The poor woman becomes frantic, and she goes home to her family physician preferring to die with him rather than to live with New York specialists.

Far be it from my wish to deprecate specialties in medicine, and far be it from my

wish to cast any censure on the specialists of this city.

One secret of success, I think, among our specialists is that they get to be good general diagnosticians, and why should not a man study with this in view? He learns, as the general practitioner should learn, to go over a case thoroughly organ by organ. It is true that many fail, and it is not an uncommon remark one hears that Dr. so and so, of New York, made an "awful blunder" in a certain case. It does me good to see a thorough examination, and it is my belief that the good diagnostician is the most successful practitioner. I could name specialist after specialist who devotes much time to the study of general medicine simply. They too have taken a hospital service, and have become quite expert before taking up the specialty. Many who come for advice perhaps get much good advice. The practitioner who chances to live in the smaller cities or towns should not be so ready to give up his chronic cases. He should remember that he is more competent to give advice in the matter, or at least he should remember that he can make himself more competent. He certainly has more time to give to study than the city specialist who has two or three hospital services on his shoulders. Take the case I have narrated above. The average practitioner who, as a rule, has a microscope to adorn his office-window could make out *oxaluria*. The case to me was a very instructive one, and, like many others with which I have come in contact, goes to increase my faith in the ability of the family physician to fathom many of the chronic ailments that are so readily regarded as belonging to a specialist. \*

NEW YORK, February 18, 1881.

## SALICYLATE OF CINCHONIDIA.

*Editors Louisville Medical News:*

I recently saw in your columns the advertisement of the salicylate of cinchonidia, a new preparation now being introduced to the profession by John Wyeth & Bro.; and thinking a combination of those salts excellent, I gave it a trial, with good results, as the following case will show:

On January 3d I was called to see R. S. T., suffering from an intense intercostal neuralgia. After administering a dose of sulph. morphia, I ordered one pill (cinchonid. salicyl., gr. ijss) to be taken every two hours through the day. The salicylate was given in the same manner on the second day, with



a dose of morphia at bedtime. I saw him on the third day, when he experienced scarcely any pain, and on the fourth he was entirely well.

I have administered it in rheumatism with similar excellent results, and I am led to believe that it is one of the best preparations ever offered to the profession.

ROBERT C. KENNER, M. D.

VICTOR, ARK., February 15, 1881.

## Books and Pamphlets.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By Louis A. Duhring, M.D., Professor of Diseases of the Skin in the Hospital of the University of Pennsylvania; Dermatologist to the Philadelphia Hospital; Consulting Physician to the Dispensary for Skin Diseases, Philadelphia; author of Atlas of Skin Diseases. Second edition, revised and enlarged. Philadelphia: J. B. Lippincott & Co. 1881.

MEDICAL DIAGNOSIS, WITH SPECIAL REFERENCE TO PRACTICAL MEDICINE. A Guide to the Knowledge and Discrimination of Diseases. By J. M. Da-Costa, M.D., Professor of Medicine and of Clinical Medicine at the Jefferson Medical College, Philadelphia; Physician to the Pennsylvania Hospital; Consulting Physician to the Children's Hospital; etc. Illustrated with engravings on wood. Fifth edition, revised. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton Street, Strand. 1881.

THE RELATIONS OF GOITER TO PREGNANCY AND DERANGEMENTS OF THE GENERATIVE ORGANS OF WOMEN. By Edw. W. Jenks, M.D., LL.D., Chicago, Ill. Reprint from the American Journal of Obstetrics and Diseases of Women and Children, January, 1881. New York: Wm. Wood & Co., 27 Great Jones Street.

## Pharmaceutical.

SULPHATE OF HYOSCYAMIA.—We are now informed by Messrs. McKesson & Robbins that they have received an invoice of this salt, and we would recommend practitioners of medicine to employ the sulphate hereafter in preference to the alkaloid itself, which is much less soluble.

MESSRS. PARKE, DAVIS & Co., of Detroit, have opened a branch store in New York for the convenience of patrons living in that locality. They intend to keep in stock a full line of all goods mentioned in their price-list.

THE State of Florida contributes to pharmacy a fine, large, and firm white species of arrowroot.

## Formulary.

### THYMOL-VASELINE OINTMENT.

The Philadelphia Medical Times says this ointment is made by dissolving twenty grains of thymol in one ounce of vaseline. It is useful in eczema and as a parasiticide. It is said that thymol has the property of immediately removing the smell of tobacco.

### FOR POISON-OAK ERUPTION.

Dr. A. W. Wiseman (Virginia Med. Monthly) recommends sulphate of copper in this affection. He begins with a very dilute solution, just enough to color the water used, and gradually increases the strength till it produces a slight stinging. It should be applied three or four times a day.

### FOR VOMITING IN PREGNANCY.

(*Similia similibus.*)

Dr. Goodell recommends:

R Cerii oxalatis..... } āā gr. j;  
Ipecacuanhæ..... }  
Creosoti..... gtt. ij.

M. Sig. To be taken every hour.—*Med. Gaz.*

### FOR A DINNER-PILL.

J. Milner Fothergill, M.D., writes, in the London Practitioner for January:

Ipecacuanha formed a portion of a good old-fashioned dinner-pill; and betwixt its direct action upon the gastric mucous membrane and its action on the liver as an hepatic stimulant, it must come into use again before long. A dinner-pill of—

Pulv. ipecacuan..... gr. j;  
Strychniæ ..... gr.  $\frac{1}{20}$ ;  
Pulv. pip. nig..... ℥ ij;  
Pil. al. et myrrh..... gr. ijss,

every day, will often produce excellent effects. Then arsenic may be taken as three drops of Fowler's solution after dinner, or in the above pill, substituting the same dose of arsenic for the strychnine.

### JAMAICA DOGWOOD IN TREATMENT OF PERTUSSIS.

Dr. W. R. Alexander, of West Virginia, in Therapeutic Gazette, is quite enthusiastic in his recommendation of this new drug. He says the effect in whooping was quite satisfactory, and in his hands it proved a specific in a number of cases. He now orders it in this disease with as much confidence in its results as he does quinine in malarial affections. Sustaining the patient's strength by stimulants and nourishment, he gives it to children at all ages and in any stage of the fever. The initial catarrh and the final catarrhal stages are decidedly benefited, and the spasmodic attack in many cases wholly aborted.

He recommends the following prescription:

R Fl. ext. Jamaica dogwood..... ℥ jss;  
Syr. tolu..... } āā ℥ ij.  
Syr. acaciæ..... }

M. Sig. Teaspoonful every two, three, or four hours, according to the violence of the spasm or cough. A few drops of the fluid extract in a teaspoonful of water may also be given with good results.



## Miscellany.

### UNIVERSITY OF LOUISVILLE.

The Commencement exercises of the University of Louisville, Medical and Law Departments, took place on Friday afternoon, February 25th, at 2:30 o'clock, in Macaulay's Theater. The audience, consisting of friends of the students and the school, was a very large one, and expressed its appreciation of the occasion and programme by many hearty bursts of applause. The addresses were instructive and entertaining, and served to show how science and eloquence may be blended with happy effect. The floral offerings, which reached not a few of the class, gave proof of honors earned outside the halls of learning. The new-made doctors and lawyers depart with the blessings of their Alma Mater and the goodwill of the community.

#### PROGRAMME.

Overture, "Cenerentola," Rossini.  
 March, "Boccaccio," Suppe.  
 Prayer by Rev. L. P. Tschiffely.  
 Romance, "Awakening of Spring," Bach.  
 Conferring the degrees of M.D. and LL.B., by Hon. Isaac Caldwell, President.  
 Conferring the prizes of the Medical Department and the certificates of scholarship of the Law Department, by the President.  
 Selection, "Fatinitza," Suppe.  
 Medical-class Valedictory, by Mumford W. Ellis, of Mississippi.  
 Law-class Valedictory, by Finley F. Bush, of Kentucky.  
 Address to Alumni, Law Department, by Geo. Du Relle, Esq., of Louisville, Ky.  
 Waltz, "Wedding Parties," Bilse.  
 Valedictory, by Prof. James S. Pirtle, of Law Department.  
 Valedictory, by Prof. E. R. Palmer, of Medical Department.  
 Benediction.  
 March, "Farewell," Biefke.

#### LIST OF GRADUATES.

Abney, Olin L., Louisiana.  
 Allcock, James C., Kentucky.  
 Adams, Alvin M., Kentucky.  
 Alexander, Percy, Kentucky.  
 Bond, James A., Missouri.  
 Browder, George R., jr., Kentucky.  
 Branch, John S., Louisiana.  
 Bailey, Alexander, Kentucky.  
 Bramlette, William M., Tennessee.  
 Caldwell, Beverly, Texas.  
 Cordier, Albert H., Kentucky.  
 Clemens, James E., Kentucky.  
 Cummins, Zachariah, Illinois.  
 Calvert, John H., Kentucky.  
 Caldwell, James K. P., Tennessee.  
 Collins, Daniel, Kentucky.  
 Davis, Thomas H., Kentucky.

Dugan, William C., Kentucky.  
 Davis, Maynard H., Kentucky.  
 De Boe, William J., Kentucky.  
 Davis, Charles P., Indiana.  
 Ellis, Collin E., Missouri.  
 Ellis, Mumford W., Mississippi.  
 Ellis, Walter P., Kentucky.  
 Everett, John D., Louisiana.  
 Edwards, Thomas A., Missouri.  
 Evans, James S., Mississippi.  
 English, Bell, Illinois.  
 Fort, John I., Texas.  
 Foreman, Robert L., Arkansas.  
 Fitzpatrick, Joseph B., Alabama.  
 Gray, William R., Mississippi.  
 Gilchrist, Luther M., Kentucky.  
 Gabbert, Zachariah T., Kentucky.  
 Hawkins, John T., Arkansas.  
 Hoskins, John S., Kentucky.  
 Hardin, William G., Texas.  
 Hooper, Robert B., Texas.  
 Hensley, John H., Indiana.  
 Howard, William A., Tennessee.  
 Harman, Stephen B., Alabama.  
 Hawkins, James R., Kentucky.  
 Harris, Jasper M., Kentucky.  
 Hartman, Andrew J., Tennessee.  
 Haggard, Clarence K., Kentucky.  
 Jones, Edward J., Kentucky.  
 Johnson, Wesley T., Mississippi.  
 Jordan, J. Walter, Mississippi.  
 Leech, Joseph S., Kentucky.  
 McClatchy, John H., Mississippi.  
 Milam, John W., Indiana.  
 Miller, William S., Texas.  
 Meincke, Hermann W., Germany.  
 KcKim, Vincent I., Pennsylvania.  
 Martin, Aurelius, Mississippi.  
 Moore, James A., Indiana.  
 Martin, James A., Tennessee.  
 Meng, Walter B., Louisiana.  
 Murphy, James B., Indiana.  
 McCachran, John J., Kentucky.  
 Moore, Lynn B., Kentucky.  
 Martin, Jeremiah A., South Carolina.  
 McGowan, John W., Indiana.  
 McCarley, John W., Mississippi.  
 Paswater, Gilbert, Indiana.  
 Pugh, William E., Arkansas.  
 Pate, Bloom J., Mississippi.  
 Purdom, James F., Kentucky.  
 Paynter Charles M., Kentucky.  
 Robinson, James L., Indiana.  
 Reeve, Joseph L., Indiana.  
 Riley, John C., Texas.  
 Ruddell, Isaac N., Indiana.  
 Simpson, George F., Kentucky.  
 Scott, Taylor W., Kentucky.  
 Stephens, William P., Texas.  
 Smith, Albert D., Indiana.  
 Smith, George W., Kentucky.  
 Satterfield, George W., Texas.  
 Shultz, Charles A., Texas.  
 Stanley, Henry N., Georgia.  
 Smith, Joseph H., Kentucky.  
 Stinson, Henry C., Louisiana.  
 Starr, William L., Indiana.  
 Stewart, William M., Texas.  
 Snyder, Edward W., Texas.  
 Sowell, Cornelius B., Texas.  
 Torrance, John M., Indiana.



Taylor, Charles B., Illinois.  
 Turner, Charles B., West Virginia.  
 Turner, J. Monroe, North Carolina.  
 Travis, Edward A., Tennessee.  
 Williams, William R., Indiana.  
 Wilson, Samuel R., Indiana.  
 Wilkerson, William C., Kentucky.  
 Weir, Alonzo G., Indiana.  
 Wilson, Cyrus L., Indiana.  
 Wedding, Sylvester J., Kentucky.  
 Wyatt, Benjamin F., Kentucky.  
 Yeager, Newton, Indiana.

## AWARDS OF HONORS AND PRIZES.

The President then announced the awards made by the faculty as follows:

John S. Hoskins, M.D., of Kentucky.  
 Percy Alexander, M.D., of Kentucky.  
 Newton Yeager, M.D., of Indiana.  
 William C. Dugan, M.D., of Kentucky.  
 Albert H. Cordier, M.D., of Kentucky.  
 Robert L. Foreman, M.D., of Arkansas.  
 William A. Howard, M.D., of Tennessee.  
 Joseph B. Fitzpatrick, M.D., of Alabama.  
 James A. Moore, M.D., of Indiana.  
 Jno. W. Milam, M.D., of Indiana.

Each of the above-named gentlemen received a certificate of honor.

The Yandell gold medal, named in honor of the late Dr. L. P. Yandell, sr., was awarded, for the best class-standing, to John S. Hoskins, M.D., of Kentucky. The second gold medal for second place in class-standing was awarded to Percy Alexander, M.D., of Kentucky, and the third to Newton Yeager, M.D., of Indiana.

## THE UNDERGRADUATES' CONTEST.

J. M. Ray, of Kentucky, was awarded the first prize, a case of instruments, offered by Arthur Peter & Co.

A. W. Chapman, of Missouri, was awarded the second prize, a copy of Erichsen's Surgery, offered by John P. Morton & Co.

J. F. Meffert, of Missouri, was awarded the third prize, a case of instruments, offered by Simon N. Jones.

A PLEA FOR THE METRIC SYSTEM.—Samuel W. Abbott, M.D., in the Practitioner:

It is a *uniform* system, and has the advantage already of being international in its adoption to a greater degree than any other system, or so-called system, of weights and measures. Civilized governments comprising four hundred millions of people have adopted the metric system, or have taken measures looking toward its adoption. It thus renders intelligible to us the foreign medical literature of other medical centers, facilitates travel among the countries of Europe and other continents, and also com-

merce with those countries. Foreign scientific works, as well as their English translations pertaining to medicine and its kindred sciences, abound in metric expressions of quantity. The importance of such works to the general practitioner can not be questioned. Science is universal, and hence the need of a universal or international system for all its expressions of quantity or value.

The multiplicity of measures in Continental Europe, the outgrowth of the feudal system with its petty isolated sovereignties, has long been a barrier to commercial intercourse. Until recently there were more than a hundred measures among the continental countries of Europe bearing the name of foot, no two of which were exactly alike.

There is but *one* meter.

The same is true of measures of capacity, and also of weights. The existence of several measures of different size bearing the same name (e. g. the quart) is an invitation to fraud. In place of the endless variety of weights and measures existing among civilized nations the metric system presents a *single* standard for length, for weight, and for capacity. And these metric standards, as well as those of surfaces and solids, all bear a definite, uniform, and intelligible relation to each other.

The substitution of such a simple, harmonious, and beautiful system, having but a single standard with easy decimal subdivisions, for the clumsy avoirdupois, troy, and apothecaries weights; the ale, wine, and imperial measures; and the various measures of length used by artisans, tradesmen, and by professional men, is sufficiently obvious.

THE INFLUENCE OF SULPHATE OF QUININE ON THE FETUS.—Bunge has made some experiments in Guserow's *Klinik* to determine the influence of quinine on the fetus. He administered about twenty grains of quinine to the mother at the commencement of labor (Practitioner). Immediately after birth the child was weighed, and the weighing was repeated daily to the tenth day. He observed that in a much larger number of cases than usual the meconium was discharged during the act of delivery. The children were very lively, and no alteration in the cardiac sounds was perceptible. During the first ten days of life a greater loss of weight was observed than in the case of other children born in the hospital, which Bunge attributes entirely to the effects of the quinine. No trace of quinine could be detected in the milk of the mother.—*Centralb. f. d. Gynecol.*



HOW TO FEED CALVES AND BABIES.—Dr. J. Milner Fothergill says (Practitioner):

It is quite clear that children and invalids should be taught to eat slowly and mix their food patiently with saliva. The dairy farmer's wife and maids used of old to patiently feed their calves "off the finger"—i. e. they made the calves lick the milk from their fingers; and so it got well mixed with saliva. But the increasing pace at which we live has reached the slow-going agriculturist; and now the calves are allowed to bolt their milk, with the natural consequence of too firm curds in the stomach; diarrhea to get rid of them; a bottle of medicine to stop nature's efforts; and an increased mortality among calves. So when children do not eat slowly their digestive processes are embarrassed; and especially is this the case where the milk-teeth are decayed.

Then again, in order to aid the defective action upon the starch by the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase "maltine." But, as Dr. Roberts points out, in order to make this ferment operative it must not be taken after a meal is over. Rather it should be added to the various forms of milk porridge or puddings before they are taken into the mouth. About this there exists no difficulty. Maltine is a molasses-like matter, and mixes readily with the milk, gruel, etc. without interfering either with its attractiveness in appearance or its toothsome-ness; indeed its sweet taste renders the gruel, etc. more palatable. A minute or two before the milky mess is placed before the child or invalid the maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk and some maltine mixed with it before it is placed on the nursery table we should hear much less of infantile indigestion and malnutrition.

DR. ROBERTS BARTHOLOW, in the Cartright Lectures, says (New York Med. Jour.): *Chloroform certainly should not be administered*, under ordinary circumstances at least, without the preliminary injection of morphia and atropia. A sudden death from paralysis of the heart in a case of ether narcosis which happened in London last month ought to warn us in regard to the fancied security against cardiac paralysis from ether inhalation, which Schiff especially has inculcated. We ought to recognize the fact that the condition of anesthetic sleep is a condition of danger which is merely relative in respect to

the agent used, and employ antagonists to the fatal tendency—paralysis of heart or lungs. The antagonist on which, it appears, much dependence may fairly be placed is the subcutaneous injection of morphia and atropia. The danger which attends the administration of chloral may be to a large extent averted by the simultaneous prescription of atropia, as some recent cases of accident unequivocally show. I several years ago demonstrated in a paper read before the Neurological Society of New York that while morphia and bromide of potassium intensified the effects of chloral in every way, atropia antagonized the effects on the heart, and would thus apparently save life after lethal doses. I then also called attention to the danger of the combination of chloral and potassium bromide as a poison to the heart, which the subsequent experiments of Husemann and abundant clinical experience have since confirmed.

THE TAX ON ALCOHOL.—As evidence of the result of tampering with the revenue law as it now stands, we need but recall the frauds perpetrated a short time ago by some of the vinegar-makers. Under the act permitting them to make their own alcohol free of duty, they turned directly to the manufacture and sale of "crooked" alcohol, at the same time selling their vinegar so cheaply as to drive out of business all honest manufacturers.

As much alcohol is now used in manufacturing as when the tax was at fifty cents, and as much was used when it was at two dollars per gallon. A certain amount is always necessary, and will always be used, no matter what its cost, and no more would be required if the tax were taken off, excepting in the concoction of adulterated beverages.

The impossibility of separating alcohol entirely from the alcoholic fluids being seen, the next question is, how could the revenue which the government derives from these sources, and on which it is largely dependent for support, be obtained? What article of commerce can be more justly taxed than this?

The talk of removing this tax has been persistent, but it has been found that not only is it impossible to convince Congress of the desirability of any such measure, but that the sentiments of nearly all parties interested in alcohol, either as manufacturers or consumers, are opposed to its abolition.—*Oil and Drug News.*



**THE ABUSE OF OPIUM.**—Attention is once more attracted to the alleged widespread abuse of opiates. Some attempt has been made to discredit the medical profession on the score of this evil by attributing the indiscriminate recourse of narcotics to the frequency of their use for medical purposes (*Lond. Lancet*). The two things have nothing in common. As well might the lazy practice of lying in bed be referred to the fact that medical men recommend rest in a recumbent posture during the persistence of most acute diseases. What may be deemed expedient in sickness is not also and therefore to be deemed desirable in health. Those who take opiates or quack and advertised remedies for "sleeplessness" habitually, because they have been directed to take them when suffering from special maladies and while under medical treatment, can find no valid excuse for this abuse in the use they plead. It is ridiculous to blame medical men for the drunkenness of the weak-minded, or their addiction to the consumption of "anodynes" and "sleeping-potions." Medical practice can not be affected by criticism of this class. It is unprofessional to prescribe remedies that are not public property. We have not a word to say in apology for physicians who employ patent medicines or use private formulæ; but whatever a practitioner of medicine believes to be good for his patient he must use, whether the short-sighted blame his judgment or whether they are obliging enough to credit him with the possession of a scientific intelligence. No advantage to public health and happiness is likely to be gained by the promulgation of strictures such as those which have recently found their way into the public press. We mention this matter only to disclaim the slightest thought of being moved by these feeble outpourings of mistaken and misleading sentiment.

**THE USE OF "CORRIGAN'S BUTTON" IN RESTORING THE HEART'S ACTION.**—In the recent numbers of the *British Med. Journal* the articles appearing under Clinical Memoranda in reference to the restoration of the heart's action have attracted my attention. The importance of the subject leads me to presume upon offering a suggestion. The simple and efficient instrument known as "Corrigan's button," invented by the late eminent Irish physician whose name it bears, might be used with success as a means of arousing a non-working heart to action. The method of its application for the pur-

pose under consideration might consist as follows: Holding the instrument so that the tip of the index-finger would rest upon the metal portion one inch from the bend of the shaft, and placing the disk in the flame of a spirit-lamp till the metal is so warmed that the finger can just bear the heat; then over the region of the heart quickly give a few taps—short, sharp, and decisive—imitative of a postman's knock. By this method two incentives for action are combined: the effects of the tapping itself, and the shock of quickly-applied heat—more potent, perhaps, than electricity. While believing that the best and neatest method of acting is by using a heated "Corrigan's button," yet in an emergency an ordinary metal spoon or iron key, warmed in the flame of a candle or gas-jet, might be used instead, as has been before suggested by many distinguished physicians for sciatica.—*J. F. L. Mullen, M.D., in British Med. Journal.*

**INFUSORIA AS A TEST FOR POISONS.**—Animals have long been used to furnish physiological tests of the presence of some of the more poisonous alkaloids in organic mixtures, rendering their detection by ordinary chemical operations difficult or uncertain (*The Druggist*). Prof. Rossbach now suggests infusoria as affording a still more delicate test for such substances. Strychnia is said to produce an enlargement and paralysis of the contractile sac in a  $\frac{1}{1500}$  solution. Veratrin and atropin have a similar action, but in less degree.

**THE GERMAN PHARMACOPEIA.**—The language of the pharmacopeia will in future be German, and thus a retrograde step toward an international authority has been taken. Latin, however, is totally inadequate for the requirements of the day. It is well known that what passes as such is manufactured; and, as a Berlin medical journal remarks, it is not likely that were Cicero alive, and an apothecary to boot, he could give us a work to "take in" the multifarious contents of the pharmacist's shelves.—*Oil and Drug News.*

Nos. 246 (Vol. X, No. 11), dated September 11, 1880, and 250 (Vol. X, No. 15), dated October 9, 1880, of the *News* are wanted to complete our files. We need about twenty-five copies of each, and subscribers having these to spare will confer a great favor on us by mailing them to MEDICAL NEWS, care of John P. Morton & Co., Nos. 156 and 158 West Main Street, Louisville, Ky.



A BILL has been introduced into the legislature of the State of New York, by Assemblyman Fenner, which provides that no person, company, or corporation shall manufacture, have, deal in, keep, sell, give away, or knowingly use for illuminating purposes, within that State, any oil or burning fluid which shall evolve a combustible vapor at a temperature below one hundred degrees of the Fahrenheit thermometer, or which shall ignite at a temperature of less than one hundred and fifty degrees, whether the same be composed wholly or in part of naphtha, coal oil, petroleum, or their products, or other substance. It is also provided that no railroad company, by its officers or agents, or otherwise, shall light any passenger-car moved by steam power, or other car attached thereto or in the same train, with any oil or burning-fluid which shall evolve a combustible vapor at a temperature below one hundred degrees, or which shall ignite at a temperature below three hundred degrees. Violations of the act, it is proposed, shall be punished by fine and imprisonment.

**CHLORIDE-OF-GOLD REMEDY.**—New Remedies, in reply to Dr. W., says: The "Double Chloride of Gold Cure for Drunkenness, a tested and infallible Remedy, discovered by Dr. L. E. Keeley, Dwight, Ill.," etc., of which you sent us a sample, with pamphlets, has failed to yield us the smallest trace of gold, a result which might have been expected. Possibly it is present in homeopathic quantities. The "discoverer" asserts that two bottles effect a cure; price, \$9. The remarkable versatility of the author is shown by his applying the "Gold Cure" to other baneful evils, of course with the most splendid success. There is a "Gold Cure for Neurasthenia; put up in pairs; \$5 per pair." Also a "Gold Cure for Chronic Asthma; put up in pairs; \$10 per pair." Finally a "Gold Cure for the Opium or Morphine Habit; put up in pairs; \$10 per pair."

DR. J. L. MOYAR (Boston Jour. of Chem.) suggests the following ingenious method for the application of chloroform to the tympanic membrane in earache: Fill the bowl of a common clay pipe with cotton wool, and let fall upon this a few drops of chloroform; then, carefully placing the stem of the pipe into the auditory canal, place your lips to the bowl and blow.

PHILADELPHIA is to have a new medical school, *sic itur ad astra!*

## Selections.

**Acute Aniline Poisoning—Cure.**—The following case, under the care of Dr. Millard, is reported by M. Merklin (Med. Press and Circular):

The toxic effect of aniline is better known by experiments on animals than by the effects of the poison observed in man. Those working in aniline factories may exhibit the phenomena of chronic poisoning, resulting from the absorption of the substance by the respiratory passages, either in the form of vapor or dust; acute poisoning is rare. In the following case one hundred to one hundred and twenty grams (three to four ounces) of pure aniline were swallowed in a liquid state; this method of absorption, with the symptoms caused by the poison and its prompt cure, constitute the interest of the case.

P. Ratti, aged twenty-five, of Italian extraction, working in a chemical factory at Clichy, on July 11th swallowed at 8 o'clock A.M. from one hundred to one hundred and twenty grams of a mixture of aniline and toluidine; he mistook it for coffee. In spite of this he went to work as usual without telling any one, and it was not till a quarter to 10 o'clock—that is, an hour and three quarters after the swallowing of the poison—that his fellow-workmen saw that he was stupid and motionless. Being interrogated he told them the mistake he had made, and complained of a little headache. M. Gundelach, the chemist to the establishment, who has supplied most of these details, was immediately called, and gave three fourths of a grain of emetic. The effect of the medicine was assisted by introducing the finger into the pharynx, and administering large quantities of warm water. Under this treatment abundant vomiting was produced, composed of some food, water, and yellowish coloring matter, probably unabsorbed aniline. The patient was then put to bed. About twenty minutes afterward serious nervous phenomena appeared. The patient lost consciousness, fell into a state of coma, and appeared in a condition of general resolution; the head fallen back, lips black, face purple. Then there was contraction of the facial muscles, *risus sardonius*, and trismus, which only permitted the introduction into the mouth of a few drops of milk with great difficulty. At this time there was no convulsion, no contraction of the limbs; pulse very feeble; coldness. This was about half past 10 o'clock, two hours and a half after the taking of the aniline. All means were used to introduce some alcohol; at length the patient swallowed a few drops, and immediately seemed to awake. This remission was taken advantage of to make him swallow a larger quantity of alcohol and of tea with alcohol. To overcome the cold the patient was warmed with coverings and bottles of hot water, and the whole body rubbed with camphorated spirit. He regained consciousness and vomiting returned. At half past 12 o'clock two enemata with oil were given without result. About 2 o'clock the patient again lost consciousness; the pulse became weak, cyanosis remained, though less marked than at first. About 3 o'clock appeared clonic convulsions of the limbs, complete loss of consciousness; the contraction of the face and the maxilla had disappeared.

At this time the patient was taken to the Hôpital Beaujourn, where he was received under the care of Dr. Millard. The interne, on arrival, found him in a state of profound coma; the pupils dilated, act little



under the influence of light. Catheterism gave exit to about two hundred grams of dark brown-colored urine. Death was considered imminent. The coma lasted all night, interrupted frequently by convulsive attacks in the limbs. During all this time the face was purple.

Next morning, at the time of the visit, the patient was awake, and complained only of severe headache. The face, especially the lips, still slightly cyanosed. No other abnormal phenomenon. Sensibility normal every where except in the velum palati and the pharynx, where tickling produces no reflex action. No paralysis. The patient has passed urine spontaneously; this was very dark in color, albuminous, and gives a strong alkaline reaction, while that of the evening was acid, and not albuminous. No pain in the belly; no stool yet since the accident. A strong odor of aniline proceeds from the patient's bed, apparently coming from his clothing. Ordered milk; purgative enema; bath. The next day and succeeding days the headache disappeared. Urine still dark, but very slightly albuminous. The patient left hospital after five or six days with no symptom remaining but the anesthesia of the soft palate.

**Catarrhal Pneumonia and Tubercle in the Human Lung.**—D. J. Hamilton, M.B., F.R.C.S., etc., closes his series of able papers on catarrhal pneumonia and tubercle in the human lung with the following synopsis of the main conclusions reached by his investigation (Practitioner):

1. Croupous pneumonia and catarrhal pneumonia are two totally different diseases, and ought not to have a common designation. Croupous pneumonia is merely an exudation of blood-constituents due to suddenly increased blood-pressure, while catarrhal pneumonia essentially consists in the over-stimulation and proliferation of the epithelial cells lining the alveolar walls.

2. Catarrhal pneumonia runs through three distinct stages: (a) The acute or subacute, (b) the caseous, (c) the excavating. The disease usually passes through all three in adults, but in children frequently proves fatal in the first or second.

3. In the acute stage the alveolar epithelium proliferates, and the cellular products derived from it accumulate in the air-vesicles.

4. In the second stage these dry and become caseous, thereby losing their characteristic form.

5. In the excavating or third stage the necrotic caseous material softens, and this softening is a purely chemical process, corresponding to the "ripening" of cheese.

6. When tubercle occurs in the lung or in any other organ it is always preceded by a caseous source of infection. This infecting source may be situated in the lung itself, or in some distant part. When situated in the lung itself the tubercle is the secondary disease (secondary tubercle), but when in a distant part the tubercle is the primary disease of the lung (primary tubercle).

7. The caseous virus in these two varieties is carried by a different set of vessels. In the secondary it is transported by means of the lymphatics, and the tubercles have merely a local distribution. In the primary it is conveyed by the blood-vessels, and in this case the tubercles are distributed generally and usually throughout both lungs.

8. A tubercle, in all cases, when fully developed, consists of the following parts: One or more giant

cells, a surrounding reticulum formed by their processes, and a peripheral capsule.

9. The chief infecting sources of secondary tubercle of the lung are catarrhal pneumonia and interstitial pneumonia accompanied by bronchiectasis. In both of these caseous matter is developed, and being absorbed, excites the formation of tubercle in the surrounding connective tissues. The main causes of primary tubercle of the lung are softening cheesy glands and strumous abscesses.

10. Tubercle is liable chiefly to two degenerations. The commoner is the caseous. The other is a conversion of the whole of the tubercle elements into fibrous tissue, and is to be looked upon more in the light of the natural termination of tubercle development than as a degeneration. When it occurs extensively it produces a cirrhosis of the part.

11. Tubercle, under any circumstances, is a connective-tissue growth arising from the action of an acute irritant. The irritant is probably a ferment generated in the softening of a caseous mass.

12. The hereditary tendency to phthisis is probably owing to an abnormally great susceptibility of the pulmonary epithelium to irritation. This seems to be borne out by the fact that as persons advance in life, and when, naturally, epithelial cellular structures become more stable, the tendency to attacks of catarrhal pneumonia diminishes.

13. There is a form of catarrhal pneumonia in which the nodules are of small size and are widely disseminated throughout the organ. It closely resembles tubercle in its naked-eye characters, but it is totally different from it in its actual structure and mode of development.

#### **Antagonism between Chloral and Atropia.**—

Roberts Bartholow, M.D., LL.D., Cartwright Lectures (New York Med. Journal):

Both of these agents have been sufficiently set forth in the whole range of their physiological powers, and need not therefore be presented anew. On the brain and spinal cord they are antagonistic to a limited extent. Atropia lessens the sleep-producing power of chloral, and therefore opposes the depression of the respiratory and vasomotor centers produced by chloral. On the spinal cord they act in a different, and, in some respects, in an opposed manner. The effect of atropia on the spinal cord and nerves is complex. On the cord it has a tetanizing action, and exalts the reflex irritability; on the motor nerves a paralyzing effect; and it lessens the irritability of the sensory nerves. Chloral suspends the reflex function of the spinal cord and causes a paralysis which is purely spinal, since the irritability of the motor nerves and the contractility of the muscles are left intact. While chloral and atropia are antagonistic in their action on the cord, they both produce motor paralysis. A most obvious and important antagonism exists between the actions of these agents on the circulation and respiration. This is confirmed by experimental trials on animals and by clinical observation on man. I have always found it to be the case in my experiments on animals, and Husemann's experiments demonstrate the same truth. Owing to the fact that in animals the more powerful and preponderating action of these agents on the brain prevents the antagonism on the heart and lungs exerting the salutary effect it has in man only rarely do the experiments succeed in averting death from lethal doses. Husemann narrates a striking case of the ac-



cidental use of atropia in poisoning by chloral. A man took from twenty to twenty-four grams (three hundred to three hundred and sixty grains) of chloral hydrate, was profoundly chloralized, and as his pupils were minutely contracted it was supposed that the narcosis was due to morphia. Acting on this supposition an injection of one and a half milligram (about one fortieth grain) of atropia was practiced. Neither the pupil nor respiration was affected. Faradization with the electric brush, mustard plasters, cold douche to the head and breast, and other measures were resorted to besides; but the beneficial influence of the atropia is regarded by Husemann as hardly doubtful.

While the good effects of atropia in preventing death from chloral by failure of the heart's action, or of the respiratory function are probably very great, the converse is not necessarily true. Although there are no experimental or clinical facts, it must be evident that chloral can act only as morphia does under the same conditions, i. e. moderate the strain on the cardiac and respiratory centers produced by the excitant action of atropia. This is a less important service than that rendered by atropia in chloral narcosis, but is, nevertheless, highly useful. The dose of atropia in chloral narcosis and the frequency with which it is to be repeated depend on the effects produced. A small dose, repeated at short intervals until the characteristic effects on the pupil, mouth, heart-beat, and respiration are produced, and then awaiting the antagonistic action, is better practice than the administration of a large dose at once. The return of reflex sensibility, the improvement in the pulse and respiration, and the dilatation of the pupil are the evidences that the antagonist is producing good effects. When these results are obtained all that the antagonist can effect is done, and hence to persist in the further use of it unless the maintenance of the effect is necessary is to add atropia poisoning to chloral narcosis.

In his research on a supposed antagonism between thebaia and chloral Husemann found that this antagonism existed to a limited extent. Chloral, however, only intensifies the effects of morphia and codeia. In a number of experiments on this point I have found that morphia and chloral are synergists, or promote each other's activity, and that they can be more safely administered by combination with atropia, which counteracts the cardiac and respiratory depression caused by them, and which constitutes the great danger in their use in man, as in the inferior animals.

**Glycerin in Gastric Troubles.**—Dr. Sydney Ringer calls attention, in the *Lancet*, to the value of glycerin as a remedy in flatulence, acidity of the stomach, and pyrosis (The Druggist). Sometimes all of these gastric troubles are combined, but glycerin in nearly all cases relieves them. In some cases it removes pain and vomiting, probably, like charcoal, by preventing the formation of acrid acids, which irritate delicate stomachs. Glycerin does not interfere with the digestive action of pepsin and hydrochloric acid; and hence, while it stays the formation of wind and acidity by checking fermentation, it does not hinder digestion. A dram to two drams may be taken before, with, or immediately after food. It may be given in water, coffee, tea, or lemon and soda water. In tea and coffee it may replace sugar, which favors flatulence, as indeed does tea in many cases. Sometimes a cure does not occur till the lapse of ten days or a fortnight.

**The purgative effects of hypodermic injections of aloin** have been investigated by Dr. Frohmüller, who states that a solution of one part of aloin in twenty-five parts of very warm water will have the same purgative effect when injected hypodermically as when taken internally. Two injections are usually necessary to produce the desired effect in from six to fourteen, very rarely in two to three hours, there being scarcely any irritation and never an abscess caused where injected. Hypodermic injections with extract of aloes (one part in ten parts of water) also proved efficacious, but produced a stronger inflammation, where injected with aloin.—*Ibid.*

**Explosive Prescriptions.**—A recent number of the *Bulletin de Thérapeutique* gives several combinations in pharmacy which are liable to explode; and as patients claim so often that they are liable to be "busted" by doctor's bills, we quote these dangerous compounds lest they more literally be "busted" by doctors' pills (*ibid.*):

1. Hypophosphate of lime, chlorate of potash, and lactate of iron, when mixed in a dry state, explode violently.

2. A solution of four parts of chromic acid in eight of glycerin also explodes.

3. Chlorate of potash, mixed with a dentrifice, in the form of a dry powder, and used with a dry brush, will give rise to explosions even in the mouth.

4. Pills composed of permanganate of potash and extract of yarrow, or of the same salt with reduced iron, or of sulphureted antimony and chlorate of soda, are apt to deflagrate during or after preparation.

It follows from these facts that glycerin, and in general all such reducing agents, should never be combined with oxidizing agents, such as chromic acid, the chlorates, permanganates, and certain organic acids.

**Ingluvin for the Vomiting of Pregnancy.**—James Sawyer, M.D., M.R.C.P., says (Practitioner): I think ingluvin will prove a valuable addition to our materia medica. It is described as a "preparation from the gizzards of fowls, said to be much more efficacious in chronic dyspepsia than pepsin." I have found it useful in atonic dyspepsia in doses of ten grains thrice daily, in powder sprinkled on bread immediately after meals. Ingluvin is said to be especially useful in the vomiting of pregnancy. Since I have used the drug I have only met with one case of that kind of vomiting. The patient was a lady advanced two months in her first pregnancy. She had copious watery vomiting on rising in the morning; she also vomited each meal, and she was troubled with a constant sense of nausea. She thought nothing "kept down," and that she was rapidly losing strength. I determined to try ingluvin before I sent her to one of my gynecological friends for Copeman's operation. She came to me again in six days, quite cheerful and delighted with the success of my prescription, and told me she had not vomited since taking the first powder. I saw her again in a fortnight, and there had been no return of vomiting.

**Carrageen ("Irish Moss").**—In scrofula and other strumous diseases, in which the use of iodine in some of its compounds is indicated, carrageen is specially useful as a food, because of the considerable percentage of iodine and kindred substances coexisting in it.



# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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No. 10.

R. O. COWLING, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M. D., . . . . . Managing Editor.

DR. J. RISDON BENNETT, the retiring president of the Royal College of Physicians, is to be knighted; and the British Med. Journal is of the opinion that he should decline the supposed honor; that if the British Government can not make the first officer of the representative society of the profession a baronet or privy councillor, it had better let the thing alone.

More pleased are the veterinary surgeons of England. The Prince of Wales has invited one to dinner, and thereby recognized the social rank of that branch of the profession.

Less lucky were the same specialists in Louisville—when the mayor turned out the only educated one the town possessed, and put the stables of the fire-department in charge of an old-fashioned "hoss-doctor."

THE French Government has forbidden the importation of American pork for fear of trichinæ, and the result was that the provision-market in Chicago had a panic to the amount of several million dollars in one day. The probabilities are that the American bears had much to do with the matter. It strikes us that a proper retaliatory measure would be to forbid the importation of French silks as introducing the worm into the American father's purse.

It is about time the astronomers were calculating the conjunction of the Ken-

tucky State Medical Society. It is some day in —, we think, but we shall not be caught again with positive assertion without the sworn certificate of president *and* secretary. Meanwhile Dr. McMurtry is stirring the fellows up to commence their committee-work in time and make the session a brilliant one.

A WONDERFUL LYING-IN.—Dr. Ephraim Cutter, who signs himself "late of Boston," and who may therefore be some relation to the bug-man who has figured sometimes in this journal, writes to the Virginia Medical Monthly—a serious contemporary of ours—concerning observations he had opportunity of making on the birth of some very intelligent flies. We omit one or two passages, which seem to render the obstetric chamber un-nice. Says Dr. Cutter:

Some fifteen years ago my attention was called to a fly depositing living larvæ. It was in a clump of forest-trees, but the day was clear, the light good, and my attention not distracted. The larvæ were born at about the rate of forty-eight per minute. As they were dropped each larva wiggled its way in lines radiating from the vulva of the mother fly. They traveled fast, making the distance of their own length rapidly. Before this time I was unaware that flies were ever viviparous. These living births excited my wonder; but what I am to relate excited my astonishment, which the lapse of years has not abated. I noticed that at times there were delays between the deliveries, and the engaged larva would relieve itself in its birth; but when the interval was prolonged to one twelfth of a minute, the last born larva that was wiggling away from its mother, and had got a distance of at least one inch off, deliberately turned right-about face, wiggled up to the fly's genitals, raised its little black head up, seized the engaged larva's head by its own jaws with one motion, and yanked it out in an instant, and then resumed



its journey as before, and as if it had not dexterously and without a false movement, executed skillfully an obstetrical delivery that would have done honor to a professor of midwifery! In other words, this little one-eighth-inch-long, one-twelfth-minute-old living offspring of a fly showed by its actions—first, that it knew there was a difficult labor succeeding its own birth (how could it?); second, knew enough to turn about and deliver the case *secundem artem*. This an insect! What human being just born could do a like thing? Talk about man's being developed up from the so-called lower animal kingdom—why, man never did any thing in the obstetrical line so marvelous as this. But this is not the place to enlarge. It shows that not only are flies viviparous, but that the new-born larvæ display intelligence, promptness, accuracy of movements, and a judgment surpassing any thing found in human lying-in.

Dr. Cutter has had rare opportunities for observation.

THE St. Louis Medical and Surgical Journal says:

Several of our esteemed contemporaries have occupied a great deal of their space by communications or editorials reflecting upon the Tri-States Society. One wants to know the *raison d'être* of the society. We might retort with more justice by asking that journal why it exists, for surely the medical world would never miss it. W. W. S., in the Lancet and Clinic, said some very hard things about the society, and yet he was in Louisville but a day, and not a whole one at that. He had a very long paper, which was not listened to with rapt attention, and he afterward tries to vent his spleen in this manner.

We always told, or intended 'to tell, W. W. S. to cut it short—that is, the paper—and stay in Louisville longer; but where the thunder can this journal be which doubts the *raison d'être* of the mighty Tri-States? We fear the S. L. M. & S. J. meanders.

“HAPPY that country which has no history,” said Dioscorides, or somebody; but what bliss immeasurable must hover over that city without a medical school or journal! Such was once the fortunate lot of Pittsburgh, and it fringed with gold the eternal coal-smoke which rolls about its hospitable head. It's quit now—we mean the bliss—for a medical journal has struck it at

length. It is the “Pittsburgh Medical Journal,” edited by Dr. Robert C. Gallaher, a monthly, at two dollars per year, and comes with very pleasant face considering the disaster it promises. We note the genial Murdoch among its associate corps, and we wish it luck of course.

TO SUBSCRIBERS.—Though we will do our best at all times to fill orders for back numbers of the NEWS, we shall not hold ourselves responsible for copies which have failed to reach subscribers, unless notified within a month after the time when such numbers should have arrived.

### Original.

#### NOTES FROM THE INFIRMARY OF THE MASONIC HOME.

BY BENJ. J. BALDWIN, M.D.,  
Associate Visiting Physician.

Vagaries in disease, I think, should always be recorded, especially when connected with epidemics, as they deeply concern and often modify the general history and diagnosis. For this reason a report of the peculiar course of the late endemic of scarlet fever at the Masonic Home may be of some interest. The fever was brought into the Home through unfortunate school-room communications. Nothing unusual attended it in its development, and the majority of cases were ushered in with the common symptoms—chill, sore throat, and vomiting. Though the incipient symptoms seemed to foretell with great positiveness the nature of the affection, yet the peculiar behavior of the fever made its character doubtful. The daily register of the temperature of different cases at stated intervals will show, in the majority, a remarkable remission of fever during the first two or three days of each attack. This remission was very extreme, for instance, when in the well-developed cases on the second and third days the temperature should have been uninterruptedly high it would stand at from 104° to 105° in the morning, dropping to 100°, even to 99°, in the evening without the influence of an antipyretic.

If books teach us any thing, certainly they enforce the idea that the invasion of well de-



veloped scarlet fever is always accompanied with high temperature, and that it remains continuously so for several days. Being earnestly convinced of the invulnerable correctness of this dogma, so stoutly contended for by almost indisputable authority, I was loath to believe that the beautifully-arranged theory was not true. But notwithstanding the marvelous remission, amounting almost to an intermission during the invasion, and extending even into the stage of eruption, the characteristic and profuse desquamation in some cases, and the spread of the disease, left no doubt as to the diagnosis. But the diagnosis was not to be positively declared till after desquamation took place, for the reason that the fundamental law of the disease, as laid down by "book manufacturers," certainly could not be questioned; therefore it could not be scarlatina. But the fever spread through the Home nevertheless. Fortunately no deaths occurred.

Now no one respects more than I the great minds in our profession, no one concedes more to their ability and experience, but I do say that many doctors, especially the younger, follow in blind confidence the teaching of "book-makers," much to their patient's discomfort and their own immediate disappointment. After all, the practice of medicine can hang upon no regular, prescribed laws or unvarying, fixed principles, but must be balanced by sound judgment, weighed by practical observation, and treated by good old-fashioned, hard common sense.

The treatment of these cases was very simple—a little quinine and an occasional Dover's powder were all the remedies employed. To the olden-time doctor, with his "double-barrel" prescription for all kinds of disease, this might appear as inexcusable neglect; but out of thirty-odd cases not a single one resulted seriously. What, then, is the need of treating these specific diseases except by palliatives? Can we abort or cure them? Certainly not. Then give nature a chance, and the vital forces will protect and guide our patients safely through their trouble. I freely admit that my faith in the empirical administration of drugs is waning, especially in acute specific diseases that run a definite course and then get well of themselves. I can not longer, with "college-days" credulity, cherish with implicit confidence an unquestioned faith in the efficacy of all the drugs in the Pharmacopeia. I believe only in such remedies as can be proved by physiological, anatomical, and clinical demon-

stration to be of unchallenged usefulness in aborting, alleviating, and curing disease. All others are but veritable "placeboes," needful only to calm the conscience of the doctor and quiet the anxiety of the "would-be-treated" patient.

A point in connection with this endemic and one of measles last spring in the same institution, has been thoroughly established in my mind; it is this, that it is supremely folly and utterly useless to try to force out the eruption when indistinct or suppressed. I made this a special object of observation in both diseases, and among the eighty-seven cases of measles there were twelve on whom the eruption never did appear, except in the roof of the mouth. I took strict care that nothing should be done in the direction mentioned, and these very cases were among the mildest in duration as well as the most satisfactory in termination. The same was true of scarlet fever. Out of thirty-odd cases there were six on whom not a trace of eruption appeared. The same course of non-interference was pursued, and a similar pleasing result followed.

I would say, then, to the young doctor especially, be not terrified by the grandmother or visiting female friends into the idea that active measures must be employed to force out the eruption, for it is all useless and officious. Meddlesome medication is worse than none at all. I do not believe that it is any more necessary for children to have a profuse eruption in scarlet fever in order that they may recover or the disease run a mild course than it is for them to have a very sore throat. Give the little folks a chance. I am a devoted advocate of the old maxim which says, "The virtue of a doctor lies principally in his ability to know when not to give."

LOUISVILLE.

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## Correspondence.

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### ALCOHOL AS A BURDEN.

*Editors Louisville Medical News:*

The recent article in the *News*, "Good Whisky and Bad," suggests to a layman some thoughts concerning the production, distribution, and consumption of alcohol which, though not germane to the subjects usually discussed in a medical journal, may possibly be permissible on the ground that the ills of the social system must interest the



profession which deals with the pathological conditions of its individual components; more especially as such conditions are frequently the result of the use of alcohol.

The cost of alcohol in its potable forms to its consumers in this country is estimated at \$500,000,000 annually. This is exclusive of a liberal estimate for the necessary consumption of the drug in the arts and medicine. The people then exchange the vast amount of labor and effort which this round sum represents for the commodity—alcohol; of the effects of this expenditure it is the province of the social economist to inquire.

The burden alcohol imposes in its production, distribution, and consumption upon society will hardly be claimed as a necessary one even by its apologists. Unlike the burdens of government and defense, which society must bear however onerous, alcohol at best is a luxury; and any thoughtful people may well ask whether or not its indulgence can be afforded and the burden of its consumption be sustained. Vast as the sum appears the dollars and cents expended for this single article do not fairly measure the burden alcohol imposes.

The daily effort of the people is the real thing which is given in exchange for food, shelter, raiment, and the esthetic accompaniments which make up human existence. Every necessary social burden—defense, for instance, in our army and civil constabulary—removes men who are still consumers from industries productive of the real necessities of life. Consequently the supply is diminished and existence becomes harder for the remaining producers.

The production and distribution of every luxury in the same way draws men from the production of the prime requisites of life, and to keep soul and body together increased effort is demanded.

The prosperity and real health of the social body are not indicated by the accumulations of surplus effort represented by money and property. These may be the legacy of a better or at least simpler state of society, but the real state of health is always indicated by the amount of effort necessary to procure for the bread-winner and his dependents the absolute necessities of life.

The state of social health is not good when the constant and unremitting toil of the laborer does not procure a small surplus above his daily demands as a defense against seasons of incapacity to labor or inability to find a market for his labor.

In many ways the production, distribution,

and consumption of alcohol makes greater the sacrifice of labor and effort required to command the simple necessities of life. Grain in itself, or in its animal equivalents, is food and a prime requisite of life; in the production of alcohol it is diverted from its legitimate use; and mete or not mete, society thus permits the bread to be taken from the mouths of its children and cast to the dogs.

In the production and distribution of alcohol every man, from the farmer who raises the grain to the beer-jerker who passes the commodity to his customer, makes one of the great army of non-producing consumers which must be fed, clothed, and sheltered from the lessened supply which is the limit of the productive energies of the people. More than any other luxury—more than all other luxuries combined—alcohol diminishes the productive powers of the people who consume it.

To complete the count against alcohol, mention need not be made of the burdens of disease, pauperism, degradation, and crime which must be laid directly or indirectly to its charge. These are but boulders in the mountain under which the social body labors in carrying the burden which alcohol imposes upon it.

It is easy to see that if from the list of industries one so widespread and universal as the production of alcohol were stricken out, and the multitudes in its service were compelled to enter the ranks of more useful and beneficent industry, the production of the prime necessities of life would be vastly increased, and the ability of all to procure them would be very sensibly augmented.

Most of us are painfully aware of the fact that it costs rather too much wear and tear of body and soul to exist in the present state of society; but let any one of us exchange the dollar or dollar and a half, which the laborer receives as the hire of his muscles during ten hours, for the requisites of existence for a family of five or six, and we will be more fully alive to the fact.

We will realize to some extent the crushing weight which rests upon the base of the social pyramid, and cease to wonder at the unrest and discontent of the toilers of today. Is there any social burden the removal of which could afford relief comparable to that which would be experienced if the production of potable alcohol were discontinued and its army of retainers remanded to useful and beneficent industry?

LAYMAN.

LOUISVILLE.



*Editors Louisville Medical News:*

"When some proud son of man returns to earth,  
Unknown to glory, but upheld by birth,  
The sculptor's art exhausts the pomp of woe,  
And storied urns record who rest below. . . .  
But the poor dog, in life the firmest friend,  
The first to welcome, foremost to defend,  
Unhonored falls," etc. . . .

So sang Lord Byron when his dog died, and if that prince of poets did not consider the memory of his dumb companion a theme unworthy his verse, certainly an humble physician need offer no apology for sending you notes of the following case:

On February 10, 1881, I was consulted by the trainer of a valuable dog (the animal being the property of Mr. Benton, of this city), who told me that his charge, whose name was Murra, was ailing, and related this history: "A few days ago I went to the stables of a gentleman where Murra had been sent to perform as a breeder, and found him lying in the cellar and much out of condition. When I got him out I found that he had a bad cough and something like blind-staggers, for he could hardly walk. Since that time he has been growing worse; he won't do any more service, and I'm afraid he's going stone blind."

The earnest entreaty of his trainer and the value of the dog prevailed upon me to go and see him. Arriving at the trainer's house, and being shown the dumb sufferer, I proceeded to examine the case, asking the trainer just such questions as I have often put to a mother over a child sick and too young to talk. I inquired as to the condition of the bowels, the kidneys, and the digestive apparatus, and the answer I got was that he thought they were all in working order. Having the trainer to use his hands for a muzzle I made a physical examination, and found the respirations thirty per minute, the pulse very rapid. Auscultation showed heart-sounds confused and tumultuous, the organ giving an occasional thud, which shook the whole body of the animal. A friction-sound and a distinct crepitant râle were heard over the base of the right lung. My diagnosis was pleuro-pneumonia with a probable contraction of the mitral valves. Treatment: quinia sulph. in doses of ten grains each every four hours, and digitalis in powder, one half grain, every four hours; the affected side to be rubbed with turpentine, and the animal to be kept in a warm room. This treatment was only partially carried out. The quinine was given, and apparently with good result at first, but

the digitalis, with the directions as to management, was set aside. Two days after my visit the dog died, and being curious to test my diagnostic skill in so anomalous a patient, I held a post-mortem four days after death, the body being frozen. I found the lower or back lobe of the right lung solidified with inflammatory exudate, while the whole pleura of that side was the seat of inflammation, the parietal and visceral layers being glued together in several places. I also found an ante-mortem clot in the left side of the heart extending from the ventricle up into the auricle, but could not discover any thickening or other indications of mitral stenosis.

If this case has any scientific value it will be found in this, that it shows how a dog may be the subject of typical pleuro-pneumonia, the diagnosis of which may be made objectively with as much ease and certainty as in the human infant, and also how, under such circumstances as will insure the obedience of his orders, a physician's skill and advice may be the means of saving a valuable animal in places where a veterinary surgeon can not be reached.

LOUISVILLE. P. G. TRUNNELL, M.D.

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## Reviews.

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### A Compendium of Microscopical Technology.

A Guide to Physicians and Students in the use of the Microscope and in the preparation of Histological and Pathological Specimens. By CARL SEILER, M.D., late Director of the Microscopical and Biological Section of the Academy of Natural Sciences of Philadelphia, Curator of the Pathological Society, etc. First edition, with sixteen illustrations. Octavo, pp. 130. Philadelphia: D. G. Brinton, 115 South Seventh Street. 1881.

This little book is a timely contribution to the needs of the practical microscopist. The works hitherto within his reach have been cumbersome and prolix; here he may find every thing in a condensed and practical form. The author not only avails himself of the researches of other workers in this field, but brings forth numerous discoveries and devices, the growth of years of practical study and manipulation. These give the work an original coloring quite agreeable to the student of microscopy.

For instance on page 39, after speaking of the various fluids used for hardening animal tissues, and the difficulty of treating large pieces to advantage with any of them, he



says, "The author has hit upon the plan of combining several reagents, and has finally found that a mixture of equal parts of Müller's fluid and 95 per cent alcohol produce the desired effect. In this fluid whole human brains with their membranes, whole kidneys and other large organs may be hardened throughout and in a comparatively short time." Any one who knows by experience how unsatisfactory the old methods are will hail this discovery with delight. The process for progressive hardening, given on page 36, with solutions of alcohol of different strength, is practical, economical, and new, at least in the manner of its employment. His plan for double-staining is also original and easy of application.

By no means the least attractive feature of the work is the appendix, which gives a concise and comprehensive classification of tumors and neoplasms. This is in tabular form, and so arranged as to enable the student to compare at a glance the macroscopic, microscopic, and clinical characters of a given pathological growth, with those laid down in the text. The facility thus given to this branch of pathological research must be great indeed.

No worker with the microscope, whether he be professional or amateur, can afford to be without Dr. Seiler's book.

**The Heart and its Function.** HEALTH PRIMERS, (No. 8.) Square 16mo, cloth, pp. 95; price, fifty cents. New York: D. Appleton & Co., Nos. 1, 3, and 5 Bond Street. 1881.

This fresh little work, though written in popular style, has some features of interest to the scientific physician, for the author handles his subject in the light of the latest physiological discovery. The text is illustrated by numerous diagrams, through which many points are made clear. For instance, the innervation of the heart, a subject difficult and obscure in some of the larger works on physiology, is here made easy and plain by means of a simple diagram and a few words of explanation. And, by the way, the chapter in which this is found is perhaps the most interesting in the book; for here the influence of the heart on the emotions, and *vice versa*, are strikingly set forth. The author draws freely upon history and poetry, and makes them do good service in illustrating the subjects here discussed.

His remarks upon that fatal inhibition of the heart, which is often induced by the sudden application of cold to the surface of the

body—as in the bath when we are heated, swimming in like condition, etc.—and also to the inner surface of the stomach, as in drinking ice-water injudiciously, as well as the power of flatulent dyspepsia to produce a like effect, answer some important questions relative to the cause of many sudden deaths, and should prove a warning to us all.

We cheerfully recommend the primer to our readers as a work planned by a master of his subject, and written in the scientific spirit of the day.

## Formulary.

### HYPOSULPHITE OF SODA IN THE TREATMENT OF DIPHTHERIA.

Dr. Edwin Burd, of Lisbon, Iowa, gives the following as his plan of treatment:

℞ Sodæ hyposulphitis..... ℥ viij;  
Quinæ sulphatis..... ℥ ss;  
Spiritus frumenti..... fl. ℥ iv. M.

Sig. For a child five years of age, one teaspoonful every four hours, day and night.

℞ Potassæ chloratis..... ℥ ij;  
Tinct. ferri chloridi..... fl. ℥ ij;  
Syr. simplicis..... fl. ℥ iv. M.

Sig. Teaspoonful every four hours, day and night.

Insufflations of sulphur to be used several times a day. Food is urged on the little patients in as large quantities as can be digested.

In all cases where the above treatment has been strictly carried out from the start the result has been surprising. The spread of the exudation is at once arrested, and prostration does not ensue. The fetor of the breath also soon leaves, and the patient soon becomes bright and cheerful. If applied as soon as the first signs of exudation appear, the whole process seems to end right here, and in a few days the patient is well, with no unpleasant sequelæ.—*Med. and Surg. Reporter*.

### GREATLY-IMPROVED DOVER'S POWDER.

The nauseating effect so frequently produced by Dover's powder is corrected by a preparation introduced by Mr. R. B. Ferguson, pharmacist, of Washington, D. C., which he calls opium and ipecac lactose (Walsb's Retrospect). The formula is the same as Dover's powder, except that deodorized opium is used instead of ordinary opium, and sugar of milk is substituted for potassium sulphate. The relation of the lactose to Dover's powder is exactly the same as elixir (or deodorized tincture) of opium with laudanum. This is certainly a great improvement. All that is valuable in Dover's powder is retained, while the nauseating effect and disagreeable taste are both avoided.

### TO COVER THE ODOR OF IODOFORM.

Dr. Biermann uses from five to eight drops of oil of fennel to fifteen drops of iodoform to cover the odor.—*Rocky Mountain Med. Review*.



## NEW WAY OF PREPARING MEDICINE FOR HYPODERMIC USE.

H. Augustus Wilson, M.D. (Medical Times) suggests the following for hypodermic use:

℞ Morphine muriat..... gr.  $\frac{1}{4}$ ;  
 Atropine sulph..... gr.  $\frac{1}{50}$ ;  
 Sodii chloridi..... gr.  $\frac{1}{4}$ .

Mix and make into one compressed pill.

[The use of the atropia here is well known. The function of the common salt is to keep the pellet from becoming too dry, and to assist in its solution when wanted for exhibition. The pellet may be dissolved in twenty minims of water and injected in the usual way. This has manifest advantages over the old ready-made solution of morphia, and is certainly more convenient than the off-hand method of using fraction-of-a-grain powders as required. If it has not already been done, we hope that some of our manufacturing chemists will supply the profession with these compressed pellets.]

## ERGOTINE INTERSTITIAL INJECTION.

In treating paralysis of the sphincter ani following labor Dr. Larger (*Bull. Gén. de Thérap.*) has had success with the following:

Ergotin..... gr. jss;  
 Laurel-water..... ℥ xv.

This should be injected into the substance of the muscle by means of a hypodermic syringe. It is best to throw the fluid into different parts of the muscle, and to repeat the injection at intervals of two days. *Medical Times.*

## Miscellany.

## LOUISVILLE MEDICAL COLLEGE.

The Commencement exercises of the Louisville Medical College were held at Masonic Temple, on February 25th, at 8 o'clock P.M. The following is the order of exercises:

Prayer, by Rev. Dr. Burrows.  
 Salutatory Address, Dr. C. E. Axline, of Illinois.  
 Conferring of degree of M.D. by the president, Hon. Lyttleton Cooke, on the following gentlemen:

C. E. Axline, Illinois.  
 G. W. Alexander, Missouri.  
 M. J. Alexander, Mississippi.  
 H. S. Ashe, Tennessee.  
 J. A. Birchett, Kentucky.  
 S. F. Blakely, South Carolina.  
 T. O. Brewer, Mississippi.  
 George M. Bristow, Missouri.  
 C. S. Bobo, Texas.  
 L. N. Bulkley, Indiana.  
 Charles C. Buckner, Missouri.  
 G. C. Burton, Indiana.  
 L. A. Conner, Mississippi.  
 T. E. Cooper, Pennsylvania.  
 J. W. Curless, Illinois.  
 G. T. Darden, Mississippi.  
 Charles Demand, Ohio.  
 W. A. Duffey, Texas.  
 A. J. Ellzey, Texas.

G. Fernitz, Kentucky.  
 J. B. Gardner, Kentucky.  
 J. S. Hall, North Carolina.  
 S. E. Hawes, Indiana.  
 J. L. Hawkins, Mississippi.  
 J. L. Herbert, Ohio.  
 C. F. Hedrick, Arkansas.  
 B. F. Holmes, Missouri.  
 T. B. Huld, Kansas.  
 Amon Jenkins, Kentucky.  
 A. H. Keller, Kentucky.  
 Austin Melton, Indiana.  
 L. M. McGee, Georgia.  
 C. E. Marlette, Indiana.  
 C. T. Morris, Georgia.  
 C. L. Morris, Louisiana.  
 R. H. Morrison, North Carolina.  
 A. McCurtain, Illinois.  
 H. C. Murphy, Missouri.  
 W. G. Nicholson, North Carolina.  
 G. A. Parsons, Arkansas.  
 B. B. Pearson, Texas.  
 J. W. Powell, Indiana.  
 E. Y. Ralston, Kentucky.  
 J. L. Roll, Kentucky.  
 S. C. Relyea, Texas.  
 Andrew Sergeant, Kentucky.  
 B. B. Sayle, Mississippi.  
 J. M. Shannon, Mississippi.  
 T. Shaw, Texas.  
 J. C. Shambrook, Oregon.  
 G. W. Shivley, South Carolina.  
 R. B. Whitley, North Carolina.  
 J. H. Weaver, Arkansas.  
 R. W. Woods, Alabama.

Valedictory, by A. H. Keller, M.D., of Kentucky.  
 Benediction, by Dr. Burrows.

## LIST OF THE PRIZES.

For general proficiency—First honor, a gold medal, to Andrew Sergeant, of Kentucky; second honor, a gold medal, to H. C. Murphy, of Missouri; third honor, a gold medal, to C. S. Bobo, of Texas.

For the best thesis, a silver medal, to T. E. Cooper, of Pennsylvania.

For first-course students—First prize, a case of surgical instruments, by Simon N. Jones, to D. W. Dameron, of Mississippi; second prize, Bryant's Surgery, by Bradley & Gilbert, to J. A. Burroughs, of Virginia.

## EXCELLENCE IN SPECIAL BRANCHES.

Prof. Ireland's prize on Gynecology, a gold medal, to Addison McCurtain, of Illinois.

Prof. Kelly's prize on Anatomy, two gold medals, to Andrew Sergeant, of Kentucky, and S. C. Relyea, of Texas.

Prof. Goodman's prize on Obstetrics, a gold medal, to G. W. Gaillard, of Alabama.

Prof. Null's prize on Physiology, a gold medal, to G. W. Gaillard, of Alabama.

Prof. Anderson's prizes on Materia Medica—A gold medal, to J. C. Shambrook, of



Oregon; and Fothergill's Therapeutics, to Andrew Sergeant, of Kentucky.

Prof. Kastenbine's prize on Chemistry, a gold medal, to J. D. McClure, of Indiana.

Prof. Miller's prizes on Surgery, two gold medals, to Andrew Sergeant, of Kentucky, and M. J. Alexander, of Mississippi.

Professor Galt's prize on Practice, a gold medal, to Addison McCurtain, of Illinois.

#### EXCELLENCE IN PRIVATE CLASSES.

Dr. Ritter's prize for the best thesis on Obstetrics, a gold medal, to T. O. Brewer, of Mississippi.

Dr. Warner's prizes on Materia Medica, two gold medals, to J. C. Shambrook, of Oregon, and D. W. Dameron, of Mississippi.

Dr. Sharp's prize on Practice, two gold medals, to Addison McCurtain, of Illinois, and B. P. Pearson, of Texas.

#### HOSPITAL MEDICAL COLLEGE.

The Commencement exercises of the Hospital College of Medicine took place on the 24th of February, 1881, in Macauley's Theater. The graduates are:

Joseph Ballance, Indiana.  
M. V. Beust, Indiana.  
C. C. Brady, Indiana.  
J. W. Brown, Indiana.  
C. H. Burt, Illinois.  
J. W. Drake, Kentucky.  
E. P. Edwards, Texas.  
J. P. Gatliff, Kentucky.  
T. A. Heath, Mississippi.  
H. Irby, jr., Tennessee.  
J. C. Irons, West Virginia.  
John Izard, Virginia.  
F. W. Koehler, Kentucky.  
W. P. Kyle, Ohio.  
E. R. Lindsey, Illinois.  
M. S. Long, Kentucky.  
E. B. McCormick, Kentucky.  
E. S. Mass, Kentucky.  
J. M. Murphy, Tennessee.  
J. H. Polin, Kentucky.  
C. S. Rannells, Ohio.  
T. A. Smith, Missouri.  
J. H. Storie, Tennessee.  
O. L. Townsend, Kentucky.

The following gentlemen, having passed a written examination and reached an average of ninety per cent, their names are on the roll of honor:

E. S. Mass, Kentucky.  
F. W. Koehler, Kentucky.  
John Izard, Virginia.  
C. C. Brady, Indiana.

#### PRIZES.

Curator's medal, to F. W. Koehler, of Kentucky.

Bennett Young prize for notes on Prof. Wilson's lectures, to T. S. Allan, of Kentucky.

Professor Larrabee's prize—First, to G. W. Fisher, of Kentucky; second, to Silas Evans, of Kentucky.

Salutatory, by Dr. C. S. Rannells, of Ohio.

Class valedictory, by Dr. J. M. Murphy, of Tennessee.

Faculty valedictory, by Prof. Dudley S. Reynolds.

WET-PACKING IN ASYLUMS.—The Commissioners in Lunacy very properly regard wet-packing as a form of restraint, and insist on its registration as such in the medical journal of any asylum in which it is used (Med. Press and Circular). The extent to which it is resorted to is thus brought under their official cognizance, and a guarantee afforded to the public that what has been proved to be a valuable remedial measure in certain cases of mental disease will not degenerate into a punitive infliction, or into a cheap substitute for skillful supervision. They note that at the Northampton County Asylum wet-packing was used in the interval between their visits in the cases of two males and six females. The former were packed one, twice, for two and a half hours, the other, twice, once for two and a half hours, and again for three hours. The latter were packed on thirty-seven occasions, in all, for periods varying from one to seven hours. They are informed, however, that in every case of packing of more than an hour's duration the patient is released and fresh sheets applied hourly, and that a nurse or attendant is invariably present while the packing continues.

A HARDY VETERAN.—Dr. Gresham, of Louisville, is, says the Medical and Surgical Reporter, ninety-seven years of age, and has just started for the mountains on his last hunt. He is the only living fort-born native of Kentucky. When he came into the world his parents were dodging arrows and tomahawks, and his youth was spent with the rifle in his hand. He says he can not die in peace till he shall have once more eaten venison of his own killing and cooking—*New York Med. Record, Dec. 11; from Med. Times and Gaz.*

[We know of no Dr. Gresham in Louisville, but our old and honored fellow-citizen Dr. Graham seems to meet the above description. He is not only a man of years, but of scientific distinction also.]



**TO DETECT ARSENIC IN FABRICS.**—An easy method for detecting the presence of arsenic in paper-hangings, etc. is given by Dr. Henry Barnes, in the Practitioner, viz. immerse the suspected fabric in strong ammonia (water) on a white plate or saucer. If the ammonia becomes blue the presence of a salt of copper is proved; then drop a crystal of nitrate of silver into the blue liquid, and if any arsenic be present the crystal will become coated with yellow arseniate of silver, which will disappear upon stirring.—*Cincinnati Lancet and Clinic*.

[This test, which has been very generally quoted by the medical journals, we had supposed was well known. It was brought to our notice at least five years ago by Professor Holland of the University of Louisville.]

**THE EUCALYPTUS.**—It is stated with regard to the growth of the *Eucalyptus globulus* in the Campagna, that the fever which in the neighborhood of the Tre Fontana Monastery was formerly of such a pernicious character that it proved fatal to all the eighteen friars who first attempted to plant the eucalyptus, is now of so mild a character that all thoughts of abandoning the monastery and the work have been given up (Med. Press and Circular). This improvement is attributed to the growth of the eucalyptus tree, of which twenty-five thousand have been planted within the grounds of Tre Fontana.

**HOW WOMEN LIVE IN INDIA.**—As for ladies in India, who are apt to miss the children at school, at home; miss the piano, the streets, the shops, the housekeeping; and perhaps inclined to heavy midday meat and beer at meals, to long sleeps at all hours in hot weather, at the same time restricting exercise to an evening drive, their health must deteriorate. Climate need not always blanch the cheek, spoil the figure, turn gray the hair, decay the teeth, roughen the voice, or ruin digestion, if energy can be aroused to walk, ride, dance, play badminton, and sensibly to battle with enervating influences. Should the Hills during trying months be out of the question, a camp life in the cold season in Upper India will brace many a fragile frame. The climate will not admit of ladies attempting to be useful in hospitals from May to October, and the enforced absence in these months may seriously interfere with zanana missions. At other seasons there are oppor-

tunities of visiting soldiers' families in married quarters where, as a rule, any judicious woman will only be too eagerly welcomed by her humbler sister, especially in times of trouble and tribulation in a strange land. Some plead diffidence, have not the gift of sympathy, know not what to say, perhaps are weak, sickly, or weighed down by family cares. The lady who can venture on the occupation just suggested will surely somehow reap her reward.—*Dr. F. R. Hogg, in Med. Press and Circular*.

**THE Medical Times and Gazette** reports that in London during the week ending January 22, 1881, the fatal cases of smallpox rose to forty-two, of which thirty-seven were recorded in the Metropolitan Asylums Hospitals, and five in private houses; twenty-eight of the forty-two were certified as unvaccinated. The number of smallpox patients in the Asylum Hospitals further rose to five hundred and sixteen on Saturday last, and the new cases admitted, which had been eighty-five and one hundred and eighteen in the two previous weeks, increased last week to one hundred and forty-two January 29th.

**PARASITES IN FISH.**—Trichinæ were recently discovered in the body of a pike caught near Ostend (Rocky Mountain Med. Review). Dr. Elentin, of that city, examined the fish under the microscope and found it filled with these parasites. Probably the fish had devoured the remains of an animal which had died infested with trichinæ, and thus trichinosis had developed in it. Until this discovery this disease had never been found in any animal except the hog. It has long been known that a peculiar kind of solitary worm is found in fish much resembling the tenia soleum.—*Journal d'Hygiene*.

Nos. 246 (Vol. X, No. 11), dated September 11, 1880, and 250 (Vol. X, No. 15), dated October 9, 1880, of the NEWS are wanted to complete our files. We need about twenty-five copies of each, and subscribers having these to spare will confer a great favor on us by mailing them to MEDICAL NEWS, care of John P. Morton & Co., Nos. 156 and 158 West Main Street, Louisville, Ky.

**PROF. ALPHONSO WOOD**, of the New York College of Pharmacy, died at his home in West Farms, this city, on the 4th of January. He has been succeeded as Instructor in Botany in the summer course by Mr. J. Schrenk.—*New Remedies*.



**DR. ANDREW WOOD.**—This gentleman, one of the ablest and most respected members of the General Medical Council, died suddenly on the 25th ult., on the eve of his journey to London to attend the meeting of the council announced in our last issue (Med. Press and Circular). Dr. Wood had been ailing a little for the past few days, but had gone out as usual on his round of visits. While still in his carriage he was seized with what appeared to be a serious illness, and he expired shortly after reaching his house, between one and two o'clock in the afternoon. Death was the result of a valvular rupture in the left ventricle.

**WALSH'S RETROSPECT** speaks thus of Prof. J. W. Holland's new book, *Diet for the Sick*: The author introduces his subject as follows: "It is a matter of moment to an invalid that somebody other and wiser than himself should take thought of what he should eat." These are golden words to be impressed on the mind of every physician. We have long thought that the student's medical education should either begin or end with a course of lectures in the kitchen.

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## Translations.

[By L. S. Oppenheimer, M. D.]

The following report is taken from the Transactions of the Society of Biology for December (*Le Progrès Médical*):

**Chloroform Applications in the Guinea-pig.** Prof. Brown-Séquard calls attention to a curious fact. If chloroform be injected into the ear of a guinea-pig, ten minutes after the animal becomes convulsed and turns toward the same side as if the semicircular canals had been injured. There is complete anesthesia of the same side. These phenomena may last six or eight days. Dr. Brown-Séquard recalled the history, reported by Sir James Paget, of a nobleman who consulted a charlatan for earache. The latter injected a solution of silver nitrate into the canal. As there existed a perforation, the semi-circular canals were hurt, and the nobleman was set to whirling around for several days.

**The Inhibitory Effects of Chloroform applied to Mucous Membranes.**—Professor Brown-Séquard communicated to the society several new points on this subject. The application of chloroform to the nasal mucous membrane produces an almost instantaneous arrest of respiration, which may last from ten seconds to three minutes. If the chloroform be applied to the laryngeal membrane, the heart's action is immediately arrested. It is remarkable that when the chloroform is applied to the buccal or pharyngeal mucous membranes it causes increased activity in both respiration and pulse.

**Production of Catalepsy in Guinea-pigs.**—Dr. Laborde made the following experiment before the members of the society: He took a female pig and inverted it upon a table; he then made light friction upon the abdomen. The pig remained immobile in this position without closing its eyes. It was therefore not asleep. The same phenomenon is obtained by softly scratching the *zone épileptogène*. (Brown-Séquard). The longer the scratching is continued the longer the condition will be maintained. All female guinea-pigs submit to this influence, but the males remain unaffected. Dr. Laborde finished by saying that certain nervous females can sometimes be thrown into this cataleptic state by prolonged tickling of the skin in the sterno-mastoid region.

**Symmetrical Anesthesia.**—Dr. Dumontpallier related a case in which an abscess of the right arm had to be opened. He sprayed ether upon the corresponding point on the left arm. The anesthesia was complete enough momentarily to permit the incision without pain; but this character of anesthesia is very transient.

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## Selections.

**Tropical Dysentery and Diarrhea.**—Sir Joseph Fayrer, M.D., etc., in No. 2 of the Lettsomian Lectures (Med. Times and Gazette), quotes the following graphic observations of Drs. Chevers and Chuckerbitty relative to the appearances of dejecta in tropical dysentery. Dr. Chevers says:

By washing the stools throughout an attack of dysentery the following appearances may be observed: At the onset the first or second dejection completely, or nearly so, evacuates all feculent matter.

The stools then consist entirely, or with but slight traces of feculent matter, of "rose mucus" of gelatinous consistence. At this stage in most cases the disease is readily amenable to treatment as by ipecacuanha. This is generally the case with private patients who, having been attacked at night, seek aid in the morning. In hospital cases the disease has almost invariably been neglected for some days previous to admission.

In a neglected case sloughs are generally passed on the sixth or seventh day. These vary in size up to that of a man's hand. In fair constitutions these sloughs often have much the appearance and consistence of a preserved oyster. They are oval and nearly a sixth of an inch in thickness. They are made up of the whole depth of the mucous membrane, frequently backed with some of the muscular coat, the submucous tissue being largely infiltrated with the products of inflammation. We know these as the "pus-infiltrated sloughs." When this kind of sloughing occurs extensively nearly the entire mucous lining of the large intestine may come away in the form of "tubular sloughs."

In this form of sloughing it is very remarkable that, formidable as the symptoms are, the patient's condition often appears to improve as if in proportion to the quantity of slough got rid of; but in the end there may be frightful puckering of the colon and rectal stricture.

In this form of the disease, all the sloughs having separated, we find on washing more or less of "bran-



ny mucus," which is clear evidence that the case is rather far advanced, and that it promises recovery. In a few cases we find that the pot contains a large quantity of mucus, which is quite transparent, and so tenacious that it may be drawn out in such a manner as to form a bridge between the brims of two utensils. We call this ropy mucus, as often happens in nasal catarrh. The presence of this mucus is, barring accidents, a sign that recovery is almost completed.

The *gangrenous colitis* of Bengal—a disease which is usually mortal in from eight to twelve days—commences, as dysentery, with "rose mucus," but I have not seen either the "branny mucus" or the sloughs described above. A few days before death we can usually discover a black or coffee-colored sphacelated object, which almost precisely resembles an old sooty cobweb rolled together and floating in the fluid. I often sent for such a cobweb and placed it beside the slough in the plate; by outward view one could hardly be distinguished from the other. I believe that Good-ave regarded this as submucous areolar tissue separated after gangrene. When these sloughs appear death is inevitable. I never knew an unfavorable prognosis fail in a single instance. With these sloughs there is more or less hemorrhage. The stools now frequently resemble in color and consistence cream mixed with blood. Once recognized the penetrating fetor can never be forgotten. After death the large intestine is found lying like a dead snake; there is almost universal sphacelus of the mucous and muscular coats, and this not infrequently extends to the peritoneal coating of the bowel.

I have never seen inflammatory coating of the mucous membrane of the large intestine in dysentery.

Dr. Chuckerbutty observes:

Molecular sloughs or putrilage show disintegration of tissue.

Flaky epithelial sloughs indicate commencing gangrene of mucous membrane.

Thin black sloughs, plain or tubular, show the primary gangrene of the mucous coat.

Shreddy, ragged, and dark olive sloughs show gangrene in either mucous or cellular coat.

Thick pus-infiltrated sloughs show erysipelatous dysentery—very dangerous.

Gray or light yellow sloughs, plain or tubular, show phlegmonous dysentery.

Gray shaggy thick sloughs show violent inflammatory action.

Free gelatinous or cellular sloughs, when simple, show the presence of primary gangrene in the submucous connective tissue; when pus-infiltrated, that of submucous cellulitis.

Ring-shaped sloughs show ring-shaped ulceration in the mucous folds.

Discoid sloughs show circular ulcers in ecchymosed patches.

Ecchymosed sloughs show the presence of abraded minute ulcers and intestinal apoplexy.

Nodular sloughs would show the presence of nodular follicular disease; but these sloughs are very apt to be confounded with pieces of pus-infiltrated mucous sloughs of erysipelatous dysentery.

Tubercular sloughs, *if detected*, would show the presence of tubercular dysentery. This Dr. Chuckerbutty says he has not seen.

This seems rather an over-refinement of classification, but still it relates to what is actually seen where dysentery is frequent and severe, and it shows how much importance was attached to the study of the ap-

pearances of the sloughs as an indication of the character and stage of the disease by a physician of great experience, whose opportunities of studying it were unusually extensive.

**Mr. Lister on the Catgut Ligature.**—(Med. Press and Circular). The effect produced on catgut by a one-in-twenty water solution of carbolic acid is greater than that by carbolized oil; hence by blending the two the best result is obtained, and a most admirable preparing-fluid is formed. The mixture which finally made the catgut to answer all the requirements named, and to produce these in so short a time as forty-eight hours, consists of chromic acid, one part, pure distilled water, four thousand parts, pure phenol (carbolic acid), two hundred parts. The amount of catgut introduced into the mixture should equal in weight the chromic acid employed, and at the end of forty-eight hours it ought to be removed, dried, and kept in carbolized oil, one to five. The quality of the catgut is necessarily to some extent dependent upon the sheep from which it has been obtained. The intestines ought to be fresh, and it is wise to procure the supply from a maker in whom implicit trust can be placed. When in store the ligatures should be kept well coiled, to insure that they will not give in the wound, the tension to which they are subjected while stored being regulated to insure that this shall not take place. Catgut of common size prepared as thus recommended should stand a strain of about thirteen pounds. A portion, two and two thirds one-hundredths of an inch in diameter, when tested broke under thirteen pounds six ounces. Was then steeped for half an hour in serum at 98° F., and at the end of that time, being again tested, it bore eleven pounds four ounces before giving. Mr. Lister expressed his conviction that the catgut in a wound does not undergo chemical solution, but that actual *absorption* of it occurred in the same way as non-putrid bony sequestra are absorbed. The time usually occupied in the process of absorption is about twenty-one days. Erosion first begins about fourteen days after the introduction of the ligature, and in proof he exhibited a ligature removed at the end of ten days, on which no action had been exerted. He also showed the carotid artery of a calf, on which it had first been demonstrated that the catgut ligature is replaced by organized tissue. Mr. Lister concluded his exhaustive and admirable address by protesting against the misrepresentation which made him appear to declare that the catgut ligature in a wound becomes actually revitalized. He had never been guilty of such an absurdity, but asserted only that living tissue replaces the catgut as absorption advances.

**Ergot in Acne.**—Dr. Le Grand Denslow, in the New York Med. Journal, reports two cases of acne—one upon the face of a young man, aged twenty-five, disease of six or eight years' standing; the other of a woman of the same age, disease of five years' standing—which were cured by half-dram doses of ergot given thrice daily. The first case was discharged at the end of the second month. Of the second case—the disease being located upon the face, nose, and chin—Dr. D. says ergot was administered for two months, except during the menstrual weeks. At the end of the first month the eruption had entirely disappeared from the nose and cheeks, and but a slight amount was left upon the chin. In two weeks more this had disappeared.



**Pneumonia in Children.**—In a clinical lecture Dr. Jules Simon observed that the diagnosis of this disease should never be made too precipitately (*Med. Times and Gazette*). He has often seen it come on with all the signs of a commencing meningitis—vomiting, convulsions, etc. “The latter affection must be borne in mind, but take care not to at once pronounce an opinion as to its presence, or you will often before long find yourself in the wrong. Await the arrival of other symptoms, and by the next day, generally, the convulsions will have ceased, not to return again, the cerebral symptoms will have disappeared, and the negative symptoms of pneumonia will have yielded place to the true symptoms of the disease. Do not be in a hurry to declare that meningitis is present, for this cerebral condition may belong not only to pneumonia, but also to eruptive diseases, such as variola or scarlatina. In treating the pneumonia of children it is to be remembered that ninety-nine times out of a hundred it is a disease of prostration, not to be treated by emetics, antimony, kermes, or polygala (useful as these are in paroxysmal bronchitis), but by alcohol, and flying blisters every second or third day, repeating them two or three times in the course of the disease. By the use of these blisters we are able in many cases to prevent pulmonary infiltration consecutive to the pneumonia.”—*Rev. Médicale*.

**Cold Water in Typhoid Fever.**—Dr. Armaingaud, of Bordeaux, adopts a method of continuous cooling in cases of typhoid fever instead of making use of cold baths or relays of wet cloths applied for short periods (*Practitioner*). The plan that he adopts during the greater part of the duration of the fever consists in the application of wet cloths, which are replaced hourly until the thermometer makes a fall of three degrees. After this diminution of temperature has been obtained the cloths are finally cast aside, and are replaced by acid lotions which are renewed every three or four hours. It is interesting to find that by this method of continuous cooling a temperature of  $42^{\circ}$  C. may be reduced within thirteen hours to  $39.6^{\circ}$  C., and that this comparatively moderate temperature may be again lowered within a short period to  $38^{\circ}$  C.—*Arch. Gén. de Méd.*

**Extract from a Lecture on Diseases of the Abdomen.**—By Frederick T. Roberts, M.D., B.Sc., F.R.C.P. (*Med. Times and Gazette*):

I desire to impress upon you most emphatically to habituate yourselves as students to take a broad view of every case that comes under your notice, and not to drift into the narrow and most mischievous practice of regarding some particular organ as always being at fault. This is a tendency against which you have constantly to guard yourselves. It is very common for individual practitioners to have a pet organ, which they always fix upon as being “out of order,” no matter what the symptoms may be. With some it is the stomach, with others the kidneys, but I think the liver is the favorite. Again, this error is greatly fostered at the present day by the development of “specialties,” which is being carried to an absurd and ridiculous extent. It has almost come to this, that in London, at any rate, no “general physician” has much chance of success either with the profession or the public unless he happen to become “the fashion,” and that consequently any physician who wishes to get on in practice is almost bound to asso-

ciate his name in some way or other with this or that organ, or with some special disease or even symptom. Most patients who can afford it, if they have an idea that a certain organ is affected (and patients are very fond of diagnosing their own case), do not feel satisfied until they have consulted some “authority” on that organ, and they will often go the round of all the authorities. Indeed the notions entertained in this matter are so exaggerated that only those who are supposed to have paid special attention to an organ are credited with any knowledge whatever about it, even as to its most simple and trivial disorders. Injurious consequences of much importance not uncommonly result from these ideas, of which I could give many illustrations from personal knowledge, but I think I have said enough in the fulfillment of what I consider my duty, namely to warn you against being in any way exclusive in your attention to a particular organ or set of organs.

**Coca in Opium-habit.**—Norton Folsom, M.D., (*New York Med. Record*), says: A lady having begun to use morphia for relief of pain at last reached the amount of sixteen grains daily. Thirty hours after having relinquished it she was found in great agony, excitement, and restlessness. Bromide of potassium and hydrate of chloral were used in large doses through the night to allay excitement and produce sleep. The next morning she was very weak and restless, scarcely able to speak, troubled with vomiting, and with a pulse of 115. The fluid extract of coca was given in tablespoonful doses. The first dose produced little effect. The second was followed by a wonderful change; the pulse fell to 85, her face was flushed, the vomiting ceased, her countenance was lively, she talked and laughed quite freely, and in the afternoon was able to sit in a chair. She slept about half the next night, and woke quite lively and refreshed, with a pulse of 75. She enjoyed and digested her breakfast. She continued to improve, in two days took a long drive, and the next day left the city with an eight-ounce bottle of the coca, which she took in smaller and smaller doses, and then relinquishing it, enjoyed good health without the aid of morphia.

**Abscess of Liver in a Child.**—Dr. Norman Moore, of the Pathological Society of London (*Med. Times and Gazette*), exhibited this specimen, taken from a girl aged three years and a half, who had suffered for almost a year from severe pains in the abdomen. For some weeks before death she also had diarrhea, with a temperature ranging from  $102^{\circ}$  to  $105^{\circ}$ . Patient had never been out of London. Post mortem, the whole large intestine, including the rectum, presented extensive patches of dysenteric ulceration. In the left lobe of the liver there was an abscess filled with pus just beneath the capsule of the organ. In the right lobe there was an abscess as large as an orange, which had penetrated the diaphragm and opened into the right lung. The walls of this abscess were very irregular, the cavity penetrating in several directions into the liver-substance. It had no distinct lining membrane, as the other and smaller abscesses had. Although abscess of liver was frequently seen in connection with dysentery, Dr. Moore said that such a combination had never before been discovered in so young a patient in the post-mortem room of St. Bartholomew's Hospital, and was altogether extremely rare.



# LOUISVILLE MEDICAL NEWS.

*"NEC TENUI PENNA."*

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R. O. COWLING, A. M., M. D., . . . . . Editor.  
H. A. COTTELL, M. D., . . . . . Managing Editor.

## THE BREAK AT BELLEVUE.

About the most important event in the matter of medical education which has transpired of late is the circular issued by the Bellevue Medical College, announcing that its reforms are at an end, and that hereafter it will return to its old standard, which corresponds with that required by the average American school.

It may be remembered that Bellevue started out upon a higher scale last year. It was to require a preliminary examination, with three sessions of six months each. A single session has tested the matter as far as the school authorities care to go. The faculty of the institution was prepared to meet loss, but it turns out disaster. They were willing to see the class reduced, but it was too much for human nature—and above all medical-school nature—to see the fellow across the street take the stragglers in; and so they will return now to their old plane and fight it out there.

Bellevue has no money save what it can make; and we don't suppose there is any one, except a few impracticables, who will not commend its determination not to starve to death on dignity. So far as we are concerned, we never had more respect for that school than we have now. We had a kind of a sneaking idea that the reforms published last year were bogus. (You see we have seen so much of these medical-school fellows—the old Phenomenon, for instance—that we have n't the highest regard for their

morals.) That they were honest enough to entail serious loss excites our admiration.

But there is a broader view of the matter than any that concerns the private interests of Bellevue. Here is a school of exceeding popularity, in the metropolis, meeting with disastrous failure upon the adoption of the three-term standard. What is the University of Kankakee or the Medical Department of Vancouver's Island to do under the circumstances? If they follow the lead of the American College Association, they must adopt the plan in a couple of years—and then simply cease to exist. Luckily a couple of years is some months off, and there will be opportunity for reflection. Now it is pretty well known that we are staunch defenders of the College Association. We believe, bad as school morals may be within its fold, the probabilities are that they are infinitely worse outside, and we can't bear to think of its going to pieces. If it is simply a trade's union, as some have charged, capitalists though we be, we are in favor of trades' unions. It can not be denied that the three-years' pledge lies as a huge barrier before it, and the Association must be prepared to meet it squarely at Richmond.

How the thing will be done we can not of course say. We imagine that upon the heels of the present bulletins from New York there will be a little postponement of the day when the three-years' standard will be required. The contemplation of the virtuous act will not be without its elevating tendency. In the meantime we may get further returns, and see whether or not the country at large is dying for more cultivated doctors.



### WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS FOR 1881.

We are a little late in calling attention to the excellent enterprise of Messrs. Wm. Wood & Co., of New York, in their Standard Library for this year. Their list for 1881 comprises the following valuable works:

- I. ON ALBUMINURIA. By W. H. Dickinson, M.D.
- II. MATERIA MEDICA AND THERAPEUTICS OF THE SKIN. By Henry G. Piffard, A.M., M.D.
- III. A TREATISE ON DISEASES OF THE JOINTS. By Richard Barwell, F.R.C.S.
- IV. A TREATISE ON THE CONTINUED FEVERS. By James C. Wilson, M.D. With an Introduction by J. M. DaCosta, M.D.
- V. RHEUMATISM, GOUT, AND SOME OF THE ALLIED DISEASES. By Morris Longstreth, M.D.
- VI. A MEDICAL FORMULARY. By Laurence Johnson, A.M., M.D.
- VII. DISEASES OF THE ESOPHAGUS, NASAL CAVITIES, AND NECK. By Morrell McKenzie, M.D., London.
- VIII. ARTIFICIAL ANESTHESIA AND ANESTHETICS. By Henry M. Lyman, A.M., M.D.
- IX. GENERAL MEDICAL CHEMISTRY. A Practical Manual for the use of Physicians. By R. A. Witthaus, A.M., M.D.
- X. THE DISEASES OF OLD AGE. By J. M. Charcot, M.D. Translated by L. Harrison Hunt, M.D. With numerous additions by A. I. Loomis, M.D., etc.
- XI. DISEASES OF THE EYE. By Henry D. Noyes, M.D.
- XII. ON DISEASES OF THE REPRODUCTIVE AND URINARY ORGANS. By Robert F. Weir, M.D.

We have said much in praise of Wood's Library during the past two years. We thought at the start it was one of the most creditable schemes gotten up by American publishers. Each year it has grown in excellence, and this one finds it simply a marvel. The material offered—much of which, it will be observed, is from entirely original sources—and the manner in which it is put forth, with faultless letter-press and exquisite paper, at the price demanded, make it incomprehensible where the returns are to come from the enterprise.

It can only be possible to sustain it by an immense circulation, and we trust the readers of the News will do their part to keep it up. In no other way can a med-

ical library be so reasonably obtained. The subscription for 1881—the library can only be obtained by subscription—is fifteen dollars, which must be sent to the Messrs. Wm. Wood & Co., 27 Great Jones St., New York.

ONE of our city contemporaries wishes to know *why* the mayor of Louisville turned out our only educated veterinary, and put the stables of the fire-department in charge of an old-fashioned "hoss-doctor," as we stated last week. On inquiry we find that the latter individual is thought to be better on the "poll-evil." The reason given is very fine, but will reward patient study.

THE calculators are coming very nearly to a conclusion (so we hear) that the meeting of the Kentucky State Society will be held during the first week in April. We trust the secretary will favor us with a programme in time for next week.

### Original.

#### THE ARMAMENTARIUM OF THE GENERAL PRACTITIONER.

BY WILLARD H. MORSE, M.D.

##### PART I.

One of the first questions which the young physician asks himself after having received the long-coveted diploma is this, "What instruments shall I need to purchase? Of what shall my collection of instruments consist?" Seeking the answer out of his own heart, he shapes it as his means dictate, going to one or the other of the two extremes of either being very economical or very extravagant. If economy is the governing power he invests in a few articles, and to his chagrin finds at the time of need that he has made a poor choice, or else has omitted the purchase of some instruments of which he stands all too notably in need. If, on the other hand, he had dealt in extravagance, he comes to realize that he has cumbered his case-shelves with instruments which are destined to lie there in markedly impotent state, beautiful in mechanism and as exponents of theory,



but wanting in real practical worth. In either case he is obliged to admit that he might have been more judicious in purchasing, and continued expense and further perplexity is all the consolation he receives.

Disappointment is much too frequently the lot of the young physician who is too anxious to be well equipped. He blames himself, his teachers, and his text-books. His dreams of superlative glory are too rudely dissipated, and he contents himself with carefully repeating that old and much-abused quotation, "It might have been!" He thinks that if he had but known better he would have done differently, but so far as he himself was concerned as an authority he knew no better. As to the teachers, they neglected to give him any advice, and in his text-books he looked in vain for any thing like advisory counsel. Naturally he had to rely on himself, and it was not wonderful that reliance on the purely superficial was such as would not stand proof.

In view of such facts as these it has seemed to me that medical literature stands incomplete without some means of advice on this subject. I do not think I shall be at error in saying that every practitioner, as he enters upon the practice of his profession, looks through the entire range of medical works for a possible work of this kind, and fails to find the thing sought. The nearest approach to it is the surgical instrument-maker's catalogue, but to look through the raw pages of that remarkable pamphlet is no better than to visit the manufactory or store. In either place the seeker after knowledge is fairly drowned in maze. If he seeks refuge in applying to the dealer for advice he is apt to be solemnly informed that as he is supposed to understand all about the use of the various instruments, it is duty to his profession to purchase a specimen of every conceivable kind that there is in stock, or that can be imported! If he escapes alive from this advisor he is more conceited than ever, and has taken into his mind the idea that he knows all about the matter himself. Then if occasion offers when he can consult some brother practitioner on the question the conceit rises in his mind, and his pride does not allow the naming of the query. But there is no conceit that can stand before the printed page. What we do not dare to ask of another because of false shame, or timidity, or pride, we are perfectly willing to learn if it is imparted in writing.

Reasoning in this way it has occurred to me that the young physician who proposes

general practice, as well as the physician whose residence and circumstances do not permit him to know on what premises he had best lay his hands, may both welcome such advice as is, in a general sense, longed for. I have waited for some one better prepared than I to undertake the work of providing such a means. But it has remained undone. We have no such work which can be looked on as adapted to the real nature of the want; and to make for this a partial provision I shall endeavor to give briefly a condensed view of the matter, which may or may not be taken for advice. It will be found that some subjects have been omitted, but I shall attempt to give that which I would have sought for myself and that which I have gleaned—not so much from any actual experience of want which I may have felt—but from the study of the subject as it is given here and there in the text-books and by those who have had years of experience, as well as by those who have made the manufacture of instruments the business of a lifetime.

*Imprimis*, I wish to say a word on the question of individuality of choice. There are not only innumerable instruments of different kinds on the market, but there are also many of a kind, one differing from another either but slightly or else so appreciably as to have few if any features common to its class. Of course each one has its advocates, and is possessed of more or less legitimate value, so that there is no one of a class that may be called fairly representative of the highest merits. It is therefore difficult to designate any one as "the best," and in what I shall have to say I shall commend those most popular. Among the few things that are hard to discriminate in is this, but it is to be remembered that an instrument which may be unpopular is so only because it is not well enough known. Due allowance for this will be made in what follows.

Another as important a preliminary consideration relates to the perfection of manufacture. It is in truth a lamentable fact which goes far in the dissuasion against choice that there are presented to our notice instruments that are imperfectly made or finished, or outside of this of poor material. Necessarily the manufacturer must have some fallibility and be at fault, and among the makes of the best we occasionally find an imperfect instrument. Other manufacturers there are who have a poor reputation in all their instruments. It is therefore best to prove a certain manufacturer reliable and then to de-



pend on him. To signalize proof it is best to deal carefully. If an instrument is purchased it is always advisable, if you are inexperienced, to compare it with another of the same kind which has stood the test of true trial, and if the comparison is favorable and it does in your hands that which you expect it to do, then can it be proved and esteemed worthy to be used as an index of tests upon its manufacturer. It is well when a manufacturer is shown to be perfectly reliable to give him your confidence. There will be a mutual understanding, and as an outcome a mutual benefit.

Now as to the direct question—of what shall the *armamentarium medicinam et chirurgicum et obstetricum* consist? There is certainly the widest of margins for a choice. The instruments of our profession are legion. "But"—to use the words of one of our veteran authorities—"as the best workmen employ the fewest tools, so the best operator employs the fewest instruments." And it is therefore in best taste to take to ourselves only the material which is absolutely necessary. Vulgarly shows itself in ostentatious display, and such display means some lack of skill. A few instruments well selected and well preserved are better for our every-day arsenal than many. Those that we really need for the meeting of the possible emergencies of general practice are few in number. To be sure the time has passed when the physician carried in his pocket, as constituting his entire cabinet, the lancet, forceps, and needle. But as these elementary instruments were once the all in all, so now other few will do what they once did. That day when instrumentation was employed only in the direct treatment of disease or the performance of operations is of the remote past. The modern physician goes beyond the simple therapeutics, and in diagnosis, prognosis, and every feature of clinical observation employs the assistance of instruments. Therefore it obtains that he is forced to define as an "instrument" any mechanical tool that may be of material assistance in the science of medicine as he practices it.

Thus it is that the general practitioner, as he looks through the instrument market, should lay down the rule that his purchases should comprise only just such articles as he may rationally consider necessary to his line of practice and his territory. If his is to be the rôle of the specialist he chooses in addition to the general armamentarium those instruments peculiar to his devotion. But the general practitioner knows no specialism.

If he expects to do gynecological work he provides himself with the instruments of gynecology. So with amputation work, with orthopedics, with any individual possibility. But in the realm of general rule he needs "none of these things." He is supremely foolish if he undertakes to purchase them. In the country such indulgence would be unpardonable, and from want of use the instruments would rust. On the other hand, in the city the multitude of aspirants to specialties will take care of all that belongs to their respective lines of practice. There is not in either case any necessity of the general practitioner seeking to do that which is foreign to his position.

Assuming, then, that the general practitioner needs only such instruments as he shall actually require in the prosecution of his legitimate practice, it remains to place the question more intimately, and to ask what those instruments really are? Of necessity it is virtually impracticable for one member of the profession to nominate his brother's needs. It is a thing that is much like attempting to specify what the individuals of a community shall eat without any regard for appetite or choice. One may need that which his brother would never have occasion to use, or he may listen to the minutely scrupulous agent, and read a description of some article, and determine his personal needs to the relation of bare statement. To write the rule of requirement is a specimen of beautiful theorizing, to act it is to deal in unbroken difficulty.

Right here some one may urge on me the "duty" of praising old and well-tried instruments and deprecating those which are new. Such a practice is almost uniformly customary, and yet is not just what should be. Descriptions of new instruments are in every medical journal, and we are kindly informed that Drs. A, B, and C are using them with splendid success. But the wary ones sagaciously shake their heads and set up a note of warning. Prejudice rules on either side. That extremely classical old saw has it that "a new broom sweeps clean," and rationally the fact obtains that an old broom does some very poor sweeping! But with our instruments this is not always the case. We have yet to learn not to condemn a new instrument because it is new. It may do better work than others better known. The doubt is to its benefit. Herbert Spencer may wish to put every thing into the "cognizance of experience," but practically this is beyond receptive possibility.



Not with any design of giving perfect definitive advice on the matter, I propose to speak of such instruments as may possibly be necessary for the general practitioner. Among these I shall not mention any but those which come under that designation. It would be impossible to speak of *all*, and, as I have already said, some that may be "necessary" may be omitted. In carrying out this plan in the limits of a series of brief articles condensation with clearness will be studied, and the one purpose of naming the armamentarium of the general practitioner will be kept in view and no departure made from it. Without a single exception the notes that follow are intended for the benefit of those who desire the information. That this all too imperfect essay may stimulate others to a like effort is the sincere wish of the writer.

HINSDALE, N. H.

## Correspondence.

### AMERICAN MEDICAL ASSOCIATION.

*Editors Louisville Medical News:*

The Thirty-second Annual Session will be held in Richmond, Va., on Tuesday, Wednesday, Thursday, and Friday, May 3, 4, 5, and 6, 1881, commencing on Tuesday at 11 A.M.

The delegates shall receive their appointment from permanently organized State medical societies, and such county and district medical societies as are recognized by *representation in their respective State societies*, and from the Medical Department of the Army and Navy and the Marine Hospital Service of the United States.

Each State, county, and district medical society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.

Secretaries of medical societies as above designated are earnestly requested to forward *at once* lists of their delegates.

#### SECTIONS.

The chairmen of the several sections shall prepare and read in the general sessions of the Association papers on the advances and discoveries of the past year in the branches of science included in their respective sections. . . . —*By-laws, Art. II, sec. 4.*

*Practice of Medicine, Materia Medica, and Physiology*—Dr. Wm. Pepper, 1811 Spruce Street, Philadelphia, chairman; Dr. T. A. Ashby, Baltimore, Md., secretary.

*Obstetrics and Diseases of Women and Children*—Dr. Jas. R. Chadwick, cor. Marlborough and Clarendon Streets, Boston, chairman; Dr. Jos. T. Johnson, Washington, D. C., secretary.

*Surgery and Anatomy*—Dr. Hunter M'Guire, Richmond, Va., chairman; Dr. Duncan Eve, Nashville, Tenn., secretary.

*State Medicine*—Dr. James T. Reeve, Appleton, Wis., chairman; Dr. R. G. Jennings, Little Rock, Ark., secretary.

*Ophthalmology, Otology, and Laryngology*—Dr. D. S. Reynolds, Louisville, Ky., chairman; Dr. Swan M. Burnett, Washington, D. C., secretary.

*Diseases of Children*—Dr. A. Jacobi, No. 110 W. Thirty-fourth Street, New York, chairman; Dr. T. M. Rotch, No. 77 Marlborough Street, Boston, secretary.

A member desiring to read a paper before any section should forward the paper, or its *title and length* (not to exceed twenty minutes in reading), to the chairman of the Committee of Arrangements at least one month before the meeting.—*By-laws.*

*Committee of Arrangements*—Dr. F. D. Cunningham, Richmond, Va., chairman.

Amendment to the By-laws offered by Dr. J. M. Keller, Arkansas:

In the election of officers and the appointment of committees by this Association and its president, they shall be confined to members and delegates present at the meeting, except in the committees of Arrangements, Climatology, and Credentials.

W. B. ATKINSON,  
*Permanent Secretary.*

PHILADELPHIA, 1400 Pine St., S. W. cor. Broad.

### THE MONEY QUESTION.

*Editor Louisville Medical News:*

My idea is that the nearer the doctor comes to doing something which is apparent to the patient the more cheerfully will he get his fee. You published something of this sort a few years since in your maxims of success, one of which, if I remember rightly, ran, "Nine tenths of the world employ a doctor to give them physic. Unmixed advice has a doubtful market-value." It is a fact. Hygienic medicine is all very good in its way, but it is certainly more profitable for the doctor to open a man's bowels than to throw up his window, and to give him a sole-stirring emetic rather than to shut down on his whisky. I know a somewhat popular, and, I think, a tolerably wise doctor, who tells me that he ranks the compound cathartic pill as the most valuable preparation in the pharmacopeia. Four to six of these form the ordinary dose he prescribes. "Upon my second visit," he says, "of course I find my patient somewhat rattled by his remedy, but all the more does



he give me credit for a correct prophecy as to its action; and as he recovers from his prostration in the righting of nature he naturally thinks it was I that cured him."

Perhaps the morals of this sort of practice are a little strained; but I tell you, Mr. Editor, I am a somewhat old-fashioned doctor, and I don't think we are apt to purge too often nowadays, and I am quite certain we don't vomit enough. I take down my father's old account-book, and as I scan its long and narrow leaves I see no items—he specified what he did—recorded in his true-blue ink oftener than the prices for "a puke" or "a purge." Well, he was an old country doctor, to be sure; but I tell you he made enough to keep his large family pretty comfortable, and to give me a three-years' keep when I started in city-life. A rather extensive neighborhood, too, thought much more of him than it did of Sydenham.

I am a city doctor, though, and I have studied the ways of big practitioners who make their livings among metropolitan patients. Don't you believe it, Mr. Editor, that human nature changes one whit in regard to its notions of disease, among high and low, rich or poor, townspeople or country-folk. With every man and woman of them disease is an *entity*, which must be expelled by direct attack. Fol-de-rol with your popular physiologist. You can not educate them out of it, and what would be the good if we could? Confidentially, Mr. Editor, suppose we made them such skeptics as some of us, where would our living be from physic?

Well, as I said, I have studied the ways of the city magnates, and I tell you that they do best who prescribe most. I knew a superb doctor. He did the biggest practice in physic that any man did in my city. He had a score of good qualities, to be sure. He was intelligent, industrious—he was prompt, attentive (heavens! he *was* a visitor); but I do believe no one of these contributed more to his power than his prescriptions. You never heard him say, "You don't need any thing; you will be all right in a day or so." It was, "Take this"—; and, besides leaving a good fortune when he died, he brought comfort to thousands while living.

Well, I think I know one or two other points; but, as I don't want my letter to be too long, if you will permit me I will come again some other time.

TOLERABLY-SATISFIED.

L——

*Dr. R. O. Cowling:*

DEAR SIR—Your article in the NEWS of the 19th inst., entitled "Is Right-handedness Acquired?" I have read and thought of with great interest because of its physiological and pathological bearing. I do not think I ever saw any where the simple facts brought forward before. I think they certainly refute the position of Mr. Charles Reade in "The Coming Man." I am, as the most of our race, right-handed, and have just found by trying your simple experiment that I have always sighted with my left eye, as in shooting, estimating direction, etc.; for on trying the experiment mentioned by you I found by looking at an object with both eyes, and closing the right, that the position of the object was not changed; but on closing the left eye I found that the finger was pointing decidedly to the *left*, which is but another exception to your rule.

I have been aware for some years that I was "hypermetropic," and have been wearing convex glasses to correct the defect. when upon trying your experiment I also found that I was an exception to your rule. I then tested my vision by "Snellen types," which I have hanging in my office, and discovered that there was a decided defect in the *right eye*, requiring my glasses to read XXX at twenty feet with the right eye, and easily reading XX with the left unaided. I have therefore always sighted with the left eye, while I am pronouncedly right-handed. But by the force of education I can and do use my left hand in surgical and obstetrical manipulations; but find also, unless I constantly practice ambidexterity, that I soon lose this "education." In fact, as you remark, perhaps with but few exceptions the process of education to ambidexterity only makes us the more awkward unless constantly "educated."

The point of particular interest to me, however, is the discovery through your experiment that the defect in the vision of my right eye only, renders it necessary I should use X glasses for ordinary sight—that is, that I am only hypermetropic in the right eye—so that the defect is evidently congenital. Hence the use of the left eye in sighting, etc. since my earliest recollection, although right-handed.

I do not think the facts you have elicited are generally known, as I have seen no mention of them in any text-book or other publication.

The experiment should form in the future part of the usual routine of examination for



defective vision. My own eyes were examined by noted ophthalmologists in New York City, three years ago, and the diagnosis was hypermetropia, while the truth is the right eye only is defective; hence the importance of your experiment. I trust that your article will elicit further inquiry in this direction.

J. W. COLLINS, M.D.

COLORADO SPRINGS, COL.

*Editors Louisville Medical News:*

Will you have the goodness to insert the following in your journal:

At a meeting of the New York Academy of Medicine, held January 20, 1881, the following resolution was adopted:

*Resolved*, That a committee be appointed by the president to investigate the extent to which leprosy prevails in the United States.

The president appointed as such committee Drs. H. G. Piffard, F. R. Sturgis, and G. H. Fox.

The committee is desirous of ascertaining the actual number of lepers in this country at the present time, and to that end respectfully request any physician who may know of the existence of a case in his neighborhood to communicate the fact to the chairman of the committee, at No. 10 W. Thirty-fifth Street, New York.

H. G. PIFFARD,  
F. R. STURGIS,  
G. H. FOX.

NEW YORK, February 15, 1881.

## Reviews.

**An Elementary Treatise on Practical Chemistry and Qualitative Inorganic Analysis.** Specially adapted for use in the Laboratories of Colleges and Schools, and by beginners. By FRANK CLOWES, D.Sc., London, Fellow of the Chemical Societies of London and Berlin, Fellow of the Institute of Chemistry, Senior Science Master at the High School, New Castle-under-Lyme, late Science Master at Queenwood College. With illustrations. From third English edition in one 12mo vol., pp. 372. Philadelphia: Henry C. Lea's Son & Co. 1881.

This work, now in its third edition, two of which at least have been reprinted in this country, is justly popular.

Not burdening himself with theoretic discussions, while employing a simple nomenclature with the free use of symbols to illustrate it, the author has been able to condense in a small volume a large and varied amount of information.

At the same time he has not neglected to call attention to the needed apparatus, giving a pictorial figure with each piece to make it the more easily understood. Nor has he failed to describe with minuteness and care every manipulation and reaction met with in carrying out the plan of the work.

Iron and mercury stand as chief among certain elements which seem, in the eyes of some theorists, to disregard the laws of quantivalence, and several ingenious methods of getting around the difficulty have been employed.

The plan adopted by our author is to cause each of the above-mentioned metals to change its name and identity in passing from artiad to perissad, or contrariwise; and so such terms as ferrosus and ferricus, mercurus and mercurium adorn his pages. This is the first time we have met these words in English text, and for aught we know Mr. Clowes is the first English writer who has made use of them.

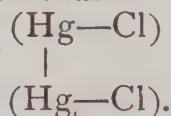
The above may be a clever way of making these stubborn metals conform to that rule of quantivalence which denies any element the privilege of training as an artiad in one class of compounds and as a perissad in another; but if such peculiar favor is shown to iron and mercury, then why should copper and vanadium be denied a like endowment, through the magical exercise of which they too may escape the maiming of this modern Procrustes?

We can not approve of our author's expedient, nor do we intend here to defend the method usually employed by writers on philosophical chemistry, which is to give an element a positive value in one class and a pseudo-value in the other. This is forced and unnatural, but the plan suggested by our author though more graceful is no better, for it is open to the objection that besides being perplexing to the student it introduces new and unnecessary names into a science whose nomenclature is already overloaded.

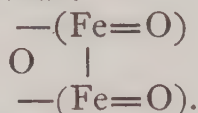
A better way of avoiding the trouble is that employed by some well-known teachers of this branch of science, which is to answer the question by the theory of compound radicals. For instance, Hg is always an artiad, and in its two compounds mercuric and mercurous chloride its quantivalence remains the same. For while in the former two arms or bonds of valence for Hg are required to maintain the molecule ( $\text{Hg Cl}_2$ ) or ( $\text{Cl—Hg—Cl}$ ), in the latter they are just as certainly needed to hold together the atoms of the more complex molecule ( $\text{Hg}_2 \text{Cl}_2$ ),



which can be readily conceived of as containing the two compound radicals  $(\text{Hg Cl})'$   $+(\text{Hg Cl})'$ , and may be written thus—



So with iron in  $(\text{Fe}_2 \text{O}_3)$  the same method may be employed. Instead of calling Fe a pseudo triad in this case and writing  $\text{Fe}_2$  with a valence of  $\text{vj}$ , we may regard Fe as a tetrad, and express  $(\text{Fe}_2 \text{O}_3)$  thus:



This theoretic nicety aside, there is nothing in the book with which we can find fault. The tables particularly demand praise, for they are admirably formed, both for convenience of reference and fullness of information. In short we do not remember to have met with a book which could better serve the student as a guide to the systematic study of inorganic chemistry.

We could wish that the author had supplemented his work with a short practical treatise on such organic chemistry as the physician has use for, thus enabling it to enter the medical schools as a text-book.

## Books and Pamphlets.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Instituted 1847. Vol. XXXI. Philadelphia: Printed for the Association by Collins, 705 Jayne Street. 1880.

HEMIOPIA. Mechanism of its Causation on the Theory of Total Decussation of the Optic-nerve Fibers in the Optic Tract at the Chiasma (Optic Commissure). By William Dickinson, M.D., St. Louis. Reprint from the *Alienist and Neurologist*, St. Louis, January, 1881.

THE HYGIENE AND TREATMENT OF CATARRH. Part I: Hygienic and Sanitive Measures. Part II: Therapeutic Measures, with forty illustrations. By Thos. F. Rumbold, M.D. St. Louis: Geo. O. Rumbold & Co. 1881.

SYPHILIS AND MARRIAGE: Lectures delivered at the St. Louis Hospital, Paris. By Alfred Fournier, Professor a la faculté de Médecine de Paris, Médecin de la Hôpital St. Louis, Membre de l'Académie de Médecine. Translated by P. Albert Morrow, M.D., Physician to the Skin and Venereal Department of New York Dispensary, Member of New York Dermatological Society, Member of New York Academy of Medicine. Pp. 251; price, \$2.00. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1881.

The author handles this grave social problem without stint. A general perusal of the work would be of untold benefit to society.

## Formulary.

### TOLLIKOFFER'S MIXTURE FOR RHEUMATISM.

Prof. William Pepper, M.D. (*Mich. Med. News*), advises the use of Tollikoffer's mixture in articular rheumatism, and gives a case where rheumatism of the ankle-joints (brought on by scrubbing in her bare feet) in a girl of rheumatic diathesis, was treated with the best results by this remedy.

R Pulv. resin guaiaci..... }  $\bar{a}\bar{a}$  gr. x;  
Potass. iodidi..... }  
Tinct. colchici sem..... }  $\bar{3}$  ss;  
Aq. cinnamomi..... }  $\bar{a}\bar{a}$  q. s. ad  $\bar{3}$  j.  
Syrupi..... }

Sig. A dessertspoonful to a tablespoonful thrice daily.

### YERBA SANTA IN PHTHISIS.

In a lecture on pulmonary phthisis in the Philadelphia Hospital, Prof. William Pepper, in speaking of alterative expectorants, says:

The best of this class (resinous alterative expectorants) is perhaps yerba santa. This is a remedy lately introduced. It is the *Eriodyction glutinosum*, a native of and indigenous to California, and furnishes a resinous extract. It may be prescribed in the form of the fluid extract, and it possesses in a higher degree the power of turpentine and copaiba. It is non-irritating to the stomach, stimulates the appetite, may be given in full doses without causing disgust, and probably exerts a mild local alterative action. When you think it not advisable to employ mercury and iodide of potassium you may use a combination something like this:

R Ammonii chloridi.....  $\bar{3}$  iij;  
Ext. eriodyctionis, fld..... fl.  $\bar{3}$  j;  
Syrupi pruni virg., q. s. ut ft, fl.  $\bar{3}$  ij. M.

Sig. A teaspoonful every three or four hours.

If necessary, one grain of muriate of morphia may be added to this combination.—*Monthly Review of Med. and Pharm.*

In croupous pneumonia passing into solidification of the lung, and where there is fear that it will pass into caseous degeneration and phthisis, Prof. Pepper, in the same lecture advises—

R Hydrarg. bichloridi ..... gr.  $\frac{1}{8}-\frac{1}{3}$ ;  
Ammonii chloridi..... gr. v-x.

To be taken dissolved in syrup of acacia.

Iodide of potassium may be used instead of the ammonia, in doses of from two to four grains.

### NEW SEIDLITZ POWDER.

Dr. E. J. Kempf, of Ferdinand, Ind., writes, under date of March 4, 1881:

I prescribe the following Seidlitz powder, with better results than the old Seidlitz powder, especially in common colds, where a laxative is indicated:

Tartrate of soda and potash.....  $\bar{3}$  ij;  
Bicarbonate of soda.....  $\bar{3}$  ij.

Dissolve in a half tumbler of water and add—

Powdered tartaric acid..... gr. xxv;  
Muriate of ammonia..... gr. v.

Also dissolved in a half tumbler of water. Drink while effervescing.



## PHOSPHORUS POISONING.

In phosphorus poisoning, says the Birmingham Medical Review, there is one certain antidote—viz. carbonate of magnesia in one-dram doses every fifteen minutes, until no phosphorescent breath is observed. The uncombined magnesia, by its mechanical action, protects the coats of the stomach from any further action of the phosphorus, and any free phosphoric acid is neutralized by it as it is formed.—*Oil and Drug News.*

## Pharmaceutical.

**ELEGANT PHARMACY.**—We acknowledge the receipt, in neat packages, of the following preparations manufactured by the well-known firm of Hance Brothers & White, Callowhill Street, corner of Marshall, Philadelphia:

Fluid extracts of sarsaparilla, tarraxicum, ergota, sarsaparilla comp., buchu, spigelia and senna, zingiber, stillingia comp., prunus virg, rheum, valerian.

Elixirs of liquorice, cinchona and pyrophosph. iron, gentian and pyrophosph. iron, ferrated cinchona, gentian and sesquichlorid of iron; protoxide iron, quinia, and strychnia; cinchona, iron, and bismuth; gentian, valerianate of ammonia, bromide of potassium; pyrophosphate iron, quinia, and strychnia; phosphates iron, quinia, and strychnia; pepsin, bismuth, and strychnia; cinchona.

Six specimens of phenol sodique, saccharated pepsin.

Pil. colocynth et jalapæ comp., canthartici comp. (U. S. P.), phosphorus comp., ferri iodidi., stomachicæ, acid arsenios.

Extract of ergot (solid, one grain representing five grains of the powdered ergot) Holmes's American mustard leaves or improved mustard poultice.

Adhesive and ising-glass plaster, absorbent cotton, absorbent cotton-waste, hemostatic and antiseptic cotton, carbolated cotton, iodinated cotton, salicylated cotton, borated cotton, and pink cotton.

We note no lack of homogeneity in any of the fluid preparations. These, with the extracts, powders, pills, plasters, and cotton, look as if fresh from the hands of a master pharmacist. We shall give them a trial, and we expect to find them quite as good as their appearance promises them to be.

**BUFFALO LITHIA-WATER**, from the celebrated Buffalo Lithia Springs of Virginia, though neglected for some years past, has recently resumed its high place among the natural mineral waters. It comes recommended by Drs. Wm. A. Hammond, Hunter McGuire, and Harvey L. Byrd, and promises to be an agent of great efficacy in the treatment of the gouty or uric-acid diathesis and other affections pertaining to the urinary apparatus.

## Miscellany.

**FATAL RESULT FROM A WRONGLY-LABELED BOTTLE.**—A correspondent of the Denver Tribune, writing from Rosita, Col., says that Mrs. Minnie Morgan, of that town, for two or three days previous to Christmas, had been under a physician's care. Dr. Parker, on Christmas morning, wrote a prescription which contained as one of the medical properties a grain of caffein. This prescription was taken to a drug-store and put up. Previously the justice of the peace of this place had called and had five powders, of a grain each, put up for himself. Taking one of the powders before breakfast he shortly after became very sick, and a physician was summoned, who supposed his patient had been attacked with paralysis, to which he is subject. One of the persons in attendance called at the drug-store and stated the case, and this caused the druggist to examine the prescription and the medicines used. To his horror he found that a recently-arrived bottle, which was labeled on the wrapper "cit. caffein," had on the glass itself a label bearing the words "sulp. atropia." The justice and a lady who had taken a dose recovered, but Mrs. Morgan died after a week's illness. The druggist asserts that the bottle came wrongly wrapped, and he took the not infrequent method of using the bottle, simply tearing enough of the wrapper away to get out the cork. Caffein and belladonna come in bottles of the same size and shape, the former containing less by weight, but not in bulk. In his twenty-seven years' drug business he never before had known of a bottle coming wrongly wrapped.—*Oil and Drug News.*

This is the second case of poisoning, through medicine being wrongly labeled, brought to our notice within a week's time. When will dispensers of medicine avail themselves of the means chemistry gives them for making such fatal mistakes impossible? A drop of a solution of the chloride of gold previously applied to the medicine would have detected the atropia and saved a life.—*Exchange.*

[We would modestly suggest that in this case at least the tearing off of the wrapper would have been as good as gold.]

**AN IMPROVED DOVER'S POWDER.**—Dr. S. Mitchell, jr., of Hornellsville, N. Y., writes, 'I have been using for some time lately Dover's powder made in a somewhat differ-



ent manner than it is commonly made, and think it a great improvement; and inasmuch as I have never seen any thing of the same kind in medical literature, I think the idea will be as novel to the other members of the profession as it was to myself when first suggested to me by my brother, Dr. J. D. Mitchell (Med. Record). The preparation is simple, and is made by substituting finely-pulverized bromide of potassium for the time-honored sulphate of potassa. The bromide must be ground to a powder nearly as fine as flour, and will be found to answer all the requirements of the sulphate of potassa as to hardness of particles in promoting 'that minute division and consequent thorough intermixture of the opium and ipecacuanha upon which the peculiar virtues of the compound depend.' This is not all, for the bromide is not only a good mechanical but a good medicinal agent in this connection as well. It increases the hypnotic virtues of the compound, and does not diminish but rather increases its anodyne properties. The sleep produced by it is refreshing, and delirium very uncommon, my patients often remarking that the powder did not make them 'flighty,' as Dover's powder had commonly done. The powder is just as agreeable (?) to take as the old original prescription of Dr. Dover, and its diaphoretic tendency is in no way altered. It works like a charm in many forms of headache.

**CITRIC ACID TO RENDER WATER SAFELY POTABLE.**—Dr. Langfeldt has experimented with a number of substances in studying their applicability to the purpose of destroying microscopic life in drinking-water (Druggists Circular). The most striking results he obtained from citric acid. On the addition of one part to two thousand life ceased in from one half to two minutes. Microscopic examination showed that those forms of animalcula supplied with a thick epithelial covering are not affected by this dilute citric acid, but only those with delicate coatings. But as the greater portion of these unwelcome visitors belong to the latter category, and as those of the former variety are visible to the naked eye, a solution of the above-mentioned strength ( $\frac{1}{2000}$ ) will suffice as a safeguard. In about one minute after their death these animalcula settle to the bottom of the vessel containing the water, and can always be found in abundance in the sediment. As the solution of citric acid spoils so readily, Langfeldt advises that it should be freshly prepared every day.

**A POET PHYSIOLOGIST—THE PRIMÆ VIÆ.**  
By Thomas W. Poole, M.D., Lindsay, Ont.  
(Canada Lancet):

Primæ Viæ, ductus Vitæ,  
Has e'er poet sung of thee;  
Of thy rich digestive juices,  
Of thy automatic sluices,  
Acting all in harmony?

Duodenal glands of Brunner,  
Rich as jewels in a shrine;  
Follicles and crypts submucal,  
Grander far than palace ducal;  
All the works of art outshine.

Epithelial cells columnar  
Line thy arches far and wide;  
Sentinels, on outpost duty,  
Gems of protoplasmic beauty,  
Laved by every passing tide.

Here the villi dip their noses;  
Gifted with a wond'rous power,  
Not of smell, but of selection,  
Of acceptance or rejection  
Of the products of the hour.

Noble villi! Who instructs ye  
Thus to choose our boon or bane;  
How do ye secure your treasure,  
How transmit it at your leisure?  
Questions, yet to ask, in vain.

Organs delicate, and molded  
On a microscopic plan;  
Working transformations mighty,  
Is it not the ductus vitæ,  
After all, that makes the man?

See that particle of butter,  
Now an oil globe on its way;  
The saliva lightly kiss'd it,  
But the gastric juice has miss'd it,  
And the purling stream has whisk'd it  
In a duodenal bay.

There coquetting with a portion  
Of the undigested rice,  
The hepatic fluid meets them,  
Pancreatic juices greet them,  
And they're married in a trice.

Thus emulsionized and chylous,  
Higher still the process goes;  
Villous, lacteal, lymphatic,  
Vital, chemical, and static,  
Till to bioplasm it grows.

Primæ Viæ, ductus Vitæ,  
Half thy story is unsung;  
Uncongenial much that passes—

[Excuse us; the poet here grows too realistic for refined taste. We regret that our author's muse, which promised so much at the outset, should have become Walt Whitmanized so early in its flight.]

It is dangerous to take potassium chlorate *ad libitum*. A death, caused by swallowing a quantity of this drug, by a patient for whom it had been prescribed as a constituent of a gargle, is reported from New York.



**PARASITES OF TYPHOID FEVER.**—Eberth examined twenty-five cases of typhoid fever and found organisms twelve times, six times in the spleen and twelve times in the lymph-glands. The more recent cases showed the organisms more frequently than the older. Parasites could not be found in other organs than the lymph-glands, spleen, and intestinal follicles. Eberth describes the parasites, which often appear in great masses, as rod-shaped formations with mostly homogeneous contents and delicate contour. He found that they were only faintly tinged with Bismarck-brown and methyl-violet, which fact distinctly distinguishes them from the parasites of decomposition, the putrefaction bacteria. From the organisms found in pyemia and diphtheria they are distinguished both in form and color-reaction by the same tests as above mentioned. Likewise are they distinguishable from the organisms found in many pneumonias.—*Virchow's Archiv.*

**A MERE MATTER OF APPRECIATION.**—The following dialogue occurred in a court of justice (*Medical Times and Gazette*). The president: "Well, it is proved that you poisoned your wife with laudanum." The accused: "O, dear, no; I gave her too large a dose, that's all." The president: "But this is not an attenuating circumstance." The accused: "O, yes; by taking a favorable view of it you can only condemn me for the illegal practice of medicine."—*Presse Médical Belge.*

Nos. 246 (Vol. X, No. 11), dated September 11, 1880, and 250 (Vol. X, No. 15), dated October 9, 1880, of the NEWS are wanted to complete our files. We need about twenty-five copies of each, and subscribers having these to spare will confer a great favor on us by mailing them to MEDICAL NEWS, care of John P. Morton & Co., Nos. 156 and 158 West Main Street, Louisville, Ky.

**EXPERIMENTS** with gun cotton at Woolwich demonstrate that the transmission of detonation from one mass of gun cotton to another not in contact was so rapid that a row of cotton reaching from London to Edinburgh could be fired in two minutes.—*Druggists Circular.*

**SMALLPOX AND DIARRHEA** are visiting Chicago. Smallpox at last accounts was increasing in amount (*Medical Record*). The diarrhea appeared as an epidemic. It was not violent in character. The cause assigned is bad sewerage.

## Selections.

**Boots—Keep the Feet Dry.**—The discomforts of an inclement season are mainly due to having to encounter it in unsuitable clothing, and we believe that the pleasures of outdoor exercise are to the young, enhanced rather than otherwise by boisterous weather, provided the apparel is calculated to resist it. Of all articles of clothing nothing is more important in weather such as we have been lately enduring than the boots, and the quality of these largely affects the power of the individual to avoid the risks attendant upon snow and thaw (*London Lancet*). A cheap pair of machined-boots made of green absorbent leather, and stitched with unwaxed thread, are admirably calculated to eat up the saving in their initial cost with a bill for medical attendance, and it should be remembered that in purchasing boots it is of prime importance to see that the leather is properly tanned and well seasoned, that the threads are waxed and the stitches sufficiently close. At such a time some extra protection for the feet is commonly resorted to, and for those who need an overshoe to keep the feet clean and dry when paying visits of ceremony there is nothing better than the American overshoes made of cloth and india-rubber, and popularly known on the other side of the Atlantic as "Jemimas." These keep the feet warm as well as dry, and are a great improvement on the old golosh. To keep the feet warm, however, there is nothing like brisk walking, and overshoes of all kinds are a great hindrance to exercise. How can we get exercise and keep the feet moderately dry as well? That is the problem to be solved. In very bad weather the boots should be greased or lubed instead of being polished, and it will be found that water will run off upper leathers so treated. The absorbent sole, however, remains, and no matter what thickness of leather be used the sole gets to a certain extent saturated after a long walk in the damp, and the evaporation from a wet sole is the great cause of cold feet when the exercise is finished. It is a great object to keep the absorbent sole out of the damp if possible. To effect this there is no better contrivance than the very homely one of having a few hobnails driven into it, and since these may be quickly applied to any pair of boots, and do not (or need not) materially increase the weight or clumsiness of the boot, we think such a course is strongly to be recommended. The advantages of them are the following: 1. They keep the sole from one eighth to a quarter of an inch off the damp ground. 2. They give a firm hold on snowy or greasy pavements when locomotion is almost impossible in ordinary boots. 3. They allow the sole to drain of such moisture as it picks up, and by keeping a layer of air beneath the sole and the damp ground they increase the warmth of a boot just as the familiar expedient of a wisp of straw keeps the foot warm when placed inside of a boot. 4. They are very cleanly, and by giving fewer points of contact between the sole and the ground they prevent to a great extent the splashing which is caused by the sharp contact of a wide heavy sole with a sloppy pavement. There are undoubtedly disadvantages, the chief of which is the sound; but, on the whole, in damp weather hobnails are a rare luxury, and we believe that those who are tempted to follow our advice will not blame us for devoting a few lines to the hygiene of "clouted shoon."



**A Clinical Demonstration of the Accuracy of Cerebral Thermometry.**—Professor Arata, of the University of Geneva, removed a tumor from the neck of a man aged fifty years, and was obliged to tie the right common carotid during the operation. Five hours later Professor Maragliano applied thermometers to the head and found the following temperatures: Frontal region, right, 35.9° C.; left, 37.6° C. Temporal region, right, 34.3° C.; left, 37.4° C. Occipital region, right, 36° C.; left, 36.2° C. Mean of midhalf, right, 35.4° C.; mean of midhalf, left, 37.1° C. Now as the cerebral cortex in the frontal and parietal regions is irrigated by the anterior and middle cerebral arteries, both branches of the internal carotid, it is evident that ligature of the common carotid must have diminished their blood supply with a probable result of lowering the temperature. On the other hand, the occipital lobes are nourished by the posterior cerebrals, branches of the vertebral, and their blood supply and temperature, we might infer, would not be affected. The thermometrical readings and the changes in the blood supply thus corresponded.—*Medical Record.*

**Dr. Rogers on a Case of Chronic Complete Inversion of the Uterus Successfully Treated by Sustained Elastic Pressure.**—S. B., twenty-nine years of age, had a child two years ago. Delivery was followed by great bleeding, and metrorrhagia had continued more or less ever since (Med. Press and Circular). On admission a tumor was felt in the vagina as large as a turkey's egg. A ring encircled its neck, but the sound could not be passed more than a line or two above this. On the 28th of April Dr. Aveling's double-curved repositor was applied and adjusted by Dr. Aveling. After twenty-four hours the strings were tightened, the patient very comfortable. About sixteen hours later she experienced great relief; something had given way and the strings had become loose. On examination the repositor was found within the uterus, high up, and was removed without difficulty. The uterus was entirely restored. Dr. Aveling stated that since he had invented his repositor, last year, five cases had been successfully treated by it.

**On the Induction of Abortion as a Therapeutic Measure.**—Dr. Priestley read a paper before the Obstetrical Society of London on the above subject. The author considered that the indications for the induction of abortion as distinct from the induction of premature labor had never been laid down with sufficient precision in this country (Med. Times and Gazette). It was usual to say that each case must be judged on its merits, and this lack of rules might unfortunately lead to serious abuse. Examples had repeatedly come within his knowledge where abortion had been provoked for reasons which seemed to him quite inadequate. Though the medical man was no doubt acting in entire good faith in these cases it would have been very difficult to sustain his action in a court of law. For instance, in one case abortion was induced at the fourth or fifth month on account of a bad rupture of the perineum at the last confinement. In a succeeding pregnancy a sound was introduced with a similar object at the end of a month. This, however, had no effect, and she went the full term, and had an easy and natural labor. In a second instance an attempt was made to induce abortion at the second month because the patient had aborted not long before, and it was feared that pregnancy had

recurred too speedily, while a much-desired journey would have to be postponed if miscarriage recurred at the same period as before. Fortunately the attempt failed, and the patient went to her full term. It was often necessary to remind wives and mothers that even spontaneous abortion is sometimes more damaging to health than natural parturition, more frequently lays the foundation of disease, and, if repeated, abridges the period of youth and comeliness. These risks were necessarily greater if abortion was induced. The reasons which may be adduced as justifying the induction of abortion are the following:

1. Pelvic deformity so great as to preclude the birth of a viable child.
2. Narrowing of the genital canal by tumors, cicatrices, or cancer, so as to prevent the passage of a viable child. Great care was here necessary to not over-estimate the amount of obstruction. If a series of cases of cæsarian section with fair success should occur the reasons for inducing abortion in such instances would be undermined. In cases of cancer there was fair ground for this operation, since the woman had but a short time to live in any case.
3. In obstinate vomiting of pregnancy, when all other expedients are fruitless, and a fatal result is anticipated if relief can not be afforded.
4. In eclampsia abortion should only be induced as a last resort to save life.
5. In irreducible retroversion or retroflexion of the gravid uterus, but only when life is seriously threatened, not merely because the displacement is irreducible.

6. In severe hemorrhage.

7. In certain other diseases where the complication of pregnancy is undoubtedly endangering life.

The responsibility of inducing abortion should never be undertaken without a consultation of two or more medical men, and M. Tarnier had even suggested that a legal declaration should be made to the public prosecutor in every case. He would lay it down that the induction of abortion is only legitimate when the life of the mother is so imperiled by the continuance of pregnancy that emptying the uterus presents itself as the only alternative to save the mother. In insanity, chorea, and the like, the proper treatment was probably to treat the morbid conditions, and leave the pregnancy to take care of itself.

**Eczema of the Nipple in Pregnancy.**—Dr. Thomas Chambers exhibited before the Obstetrical Society of London a drawing from a case of eczema of the nipple in both breasts in a woman aged twenty-one, married six months, and five months advanced in her first pregnancy (Medical Times and Gazette). The disease commenced when she was two months pregnant. After confinement it began to disappear, and no trace remained after six weeks. In two cases of long standing, apart from pregnancy, under his care, the eczema had been cured by treatment directed to the uterus, uterine symptoms having also existed.

**Treatment of Obstinate Vomiting by Electricity.**—Dr. Leven reports several cases of persistent vomiting treated successfully by the application of electricity to the interior of the stomach. The conducting-wire is inserted into the stomach by means of the esophageal sound. Dr. L. states that after four or five applications he has been able to check vomiting that resisted all other treatment.—*Progrès Médical*; translated by L. S. O.



# LOUISVILLE MEDICAL NEWS.

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R. O. COWLING, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M. D., . . . . . Managing Editor.

## THE MONEY QUESTION.

Our correspondent on the money question in this issue opens the case of physician vs. pharmacist, and does it in an exceedingly readable way. It is an old phase of the question, and we had wondered a little that it had not been presented in this discussion before. Four or five years ago it was all the rage, and woes high-numbered to the art, it was declared, had sprung from the invasion of our territory by ambitious and avaricious apothecaries. It was probably because the question had been so thoroughly discussed in those days that we have heard of it so much less of late; although we did, by the way, receive circulars from a Philadelphia coöperative association the other day, the intent of which was that the non-pharmaceutical doctors and the non-prescribing druggists would stand by each other.

We have expressed ourselves so often in these pages upon the position of physicians to pharmacy that we think there can be little doubt as to where we stand.

We are for the best physic and the best physicians. Certainly the purity, the accuracy, the elegance of the modern preparation of drugs put us under lasting obligations to our friends who have contributed so much to the elegance and accuracy of our arms. That they overdo the matter is perhaps true; but there would be no supply without the demand. That they can afford to make their thousand and one prepara-

tions staggers head as well as stomach; but they certainly do, and some exceed in fortune even the medical journalist.

Whatever may be said of the retail druggist, we dare to declare that these manufacturers are the best friends of the physician, aiding him by their art in putting his tools in most efficient shape; and if it be true that the dispenser of drugs is the enemy of the physician, giving him the most efficient means to combat his machinations. If the modern doctor has any thing against the modern druggist by reason of the fact that he ekes out a not wholly unwretched existence by dispensing patent medicines and re-vamping the prescriptions on his files, he may thank the modern manufacturer for the means he has given him to enable his patients to skip his dispensary friend well nigh entirely. Theoretically, at least, we are decidedly for the pocket-case as one of the most powerful adjuvants for our own popularity, and it is the modern manufacturer who allows us to play the dispensing rôle with absolute accuracy.

The money question, it seems to us, grows in interest and proves many-sided. We did n't care about "summing up" just now, but thought it well enough just here to put in some say. We have some decided opinion of our own which we will let out some day as to why we are not all rich in medicine. It verges toward the fact that there are probably not too many doctors and druggists, but possibly not enough people, and one or two other matters which we reserve.

STATE Society meets April 5 at Covington.



## Original.

### REPORT OF A CASE OF STRYCHNIA-POISONING TREATED BY HYDRATE OF CHLORAL AND CHLOROFORM.

BY BENTON J. HON, M.D.

On February 25th I was called to see Mr. L. M., of Orleans, Ind., whose wife had given him by mistake about three grains of strychnia sulphate done up in a capsule. I reached the house in fifteen or twenty minutes after the taking of the drug, and found the patient in a state of high nervous excitement, starting at the least sound, while muscular spasm was beginning to show itself by an almost constant twitching in the limbs. The patient also complained of a sensation of constriction about the throat and chest.

There being no history of poisoning in the case, I was at first uncertain as to diagnosis; but feeling that I must meet existing conditions, and having nothing but a small pocket medicine-case with me, I administered a dose of morphia sulphate. But the symptoms continued, and as the case developed I began to suspect the cause, and sent immediately for ipecac, which I gave in large doses until the patient vomited freely, the morphia probably coming up with the vomited matter.

As soon as the patient recovered from the effect of the emetic I gave him sixty grains of chloral hydrate. The evidence of strychnia-poisoning was now well marked, for the muscular system was in a condition of tonic spasm. The eyes looked wild and staring, the arms were bent at the elbows and fixed, the hands clinched, and opisthotonus complete. Consciousness, however, was not affected. An examination of the medicine from which the dose had been taken confirmed the diagnosis.

I now resorted to chloroform by inhalation, giving it without stint, and continued the chloral in doses of sixty grains hourly.

I commenced treatment at about eleven o'clock A.M., and at three o'clock P.M. the patient's condition was such that I thought it proper to leave him. At this time he was in a remarkably comfortable state, considering the fact that in less than four hours' time he had swallowed three grains of strychnia, taken a dose of morphia, and two or three drams of ipecac, had vomited freely, and had been subjected to the racking of two strong tonic spasms, the last of which did not suc-

cumb until after he had taken one hundred and eighty grains of chloral hydrate, and about seven ounces of chloroform.

From this time on my patient continued to improve, and made a complete recovery.  
ORLEANS, IND.

### PROMPT VACCINATION.

A Case showing the Value of prompt Vaccination as a Means of saving a Child born of a Mother at the time a Subject of Smallpox.

BY TURNER ANDERSON, M.D.

Since attention is just now being directed to smallpox, in consequence of its prevalence in many of our northern cities, I deem the present a favorable time to report the following case showing the prophylactic influence exerted by vaccination in an infant born at a time when its mother was suffering from the first-named disease.

Mrs. P., residing in W. Green Street, when in her last week of pregnancy contracted smallpox. She was the mother of several children, and could not remember ever to have been vaccinated, and a careful examination of her arms failed to show any indication of the operation. Her labor had already commenced and was progressing naturally. The eruption covered the face, neck, and was plainly visible upon other portions of the body. The character was of the confluent variety. The premonitory symptoms had been as usual, and there was a considerable amount of ulceration already present. She, however, bore the labor quite satisfactorily, and was safely delivered.

The child presented nothing unusual at its birth, and after being washed I vaccinated it by one insertion of the virus in each arm. It was then ordered to be fed on cow's milk properly diluted. I now watched the infant with feelings both of apprehension and curiosity, and was pleased to find at each visit that it thrived, and on the fourth day gave unmistakable evidence that the vaccination was working. From this time on there was nothing presented by the case more than is usually observed in a successful vaccination. The protection was complete as regarded smallpox, and I had the pleasure of showing the child to several medical friends between the eighth and twelfth days, when the vaccination was in its most active stage, and occasionally now, after the lapse of six years, I see a vigorous little boy saved, as I believe, by the immortal Jenner's discovery.



The mother, as was of course expected, survived her confinement but a short time, dying on the second day after her labor.

According to the text-books, the first week or ten days after birth is the time of greatest danger to a child born under the above mentioned conditions, and hence too much stress can not be laid upon the importance of prompt vaccination in such a case.

LOUISVILLE.

### MATERNAL IMPRESSIONS—A REPORT OF A CASE.

BY T. J. DRAPER, M.D.

I wish to call attention, not to any particular mark or deformity of which we have all seen or heard, but to a case of marked similarity of an infant to another person both in features and affection.

The case I wish to report is this: Mrs. D., primipara, during gestation, about the fifth month, attended on a boy suffering severely with scrofula—i. e. inflammation, suppuration, etc. of the lymphatic glands. Mrs. D., being of a sympathetic temperament, was very much exercised about his suffering. So much to heart did she take it that she was advised not to see him any more. It should be remarked they were not related, but she would persist in talking about him and how sorry she was for him.

At term she was delivered of a healthy child. At about the sixth month the child was decidedly of a scrofulous diathesis. At the twelfth month the lymphatic glands became inflamed and suppurated, following the course of the boy's illness in every particular except in degree and termination, for in the child there was a complete cessation of the urine and death by uremic poisoning. So completely and minutely did the child favor the youth—and it was not noticed before this—that visitors were continually noticing it. Indeed its very features were his; its eyes, nose, mouth, chin, and even its expression were complete counterparts of his. It should be noted there is no evidence of scrofula in the families of either the father or mother of the child. Nor is there any reason to suppose that the infant could have acquired it.

I will leave the reader to his own opinion as to whether this condition of the child was caused by the influence of the boy on the mother, or only a coincidence, the doom of many a vexed question.

LITTLE ROCK, ARK.

## Correspondence.

### MORE MONEY.

*Editors Louisville Medical News:*

The consultation which you have called through your columns in regard to the impecunious condition of doctors is weekly growing more and more interesting as the various opinions are gathered in. The disorder is one not recognized by the "universal" nomenclature desired by the Royal College of Physicians of London; but if its great importance and its immediate relation to every case of surgical accident or disease is fairly considered it is well worth a place in that wonderful document of scientific and classical wisdom. For like malaria or syphilis in the theory of many *savants* in medicine and surgery, it is "the basis or underlying element that complicates a large number of otherwise incomprehensible diseases." Anemia of the medical exchequer produces anemia of the medical brain so palpably that it requires no argument to demonstrate the proposition that fees and diseases have a close connection as cause and effect; and so well-paid doctors, like well-fed milch cows, let down freely the richest and purest lacteal secretion of medical lore. In the city and the country all doctors alike feel the need of this "brain-food"—"more money"—as you suggest. In the learned discussion of this consultation there has not been, and there is no likelihood of being, a difference on this point; but how to get this "more money" is the rub. One thinks there are too many doctors, another that we don't collect our bills, and still another, who is probably an enemy in disguise, that we are as well paid as any other class of men, and have no right to complain. With none of the first-mentioned opinions can I agree fully, and not at all with the latter. I incline to the view expressed by numbers of the profession all over the land, that it is the prescription-druggist who is robbing us both in the city and country. When I began practice there was no writing of prescriptions in my town. In an evil day, in conjunction with a *confrère* and a competitor, I agreed to help to introduce and sustain a prescription-druggist. It soon became all the rage to write prescriptions. The people took to it because it reduced a little the outlay for their medicines, and the rest of the profession in the same place followed suit because it had the air and method of "progress"



about it. After a while our patients began to abandon us for the smart knights of the pestle and mortar, who began "practice" by repeating our prescriptions.

The next step of the druggist was taken in the management of venereal diseases with secret formulas; and this added greatly to his development into "a practitioner." The next and final step whereby the humble druggist of our early recollections became a full-blown "doctor in medicine" in the community, having his clientele of patients for whom he prescribed over the counter, was to utilize the published formulas of all those manufacturers (druggists) who have latterly monopolized nearly all the advertising space of regular medical journals in which to display the therapeutic properties of their wares, all of which statements are certified to by prominent medical men in the cities, many of them professors in colleges. These ready-made formulas and the flood of "new pharmaceuticals," with the accompanying "circular," popular lecture, and all, for shame, fortified by the aforesaid certificates, have been carefully pondered and studied by these druggists.

From hydroleine and hydropiper all the way through to gunja oil, they "know all about new remedies" and their administration, and so if you are cautious you may sometimes walk in upon these learned gentlemen in the midst of a consultation. If you do, you are likely to hear (for a moment only, for they shut up when they recognize you) something about "imperfect assimilation," "the demands of your system for phosphates," or "neuralgia of the supra- and infra-orbital branches of the fifth nerve," and "that such and such an eminent professor has certified to the efficacy of this preparation in cases very similar, I believe, to yours." Furthermore, when the voice of the festive drummer is heard in the land if you should happen in one of these stores while he is calling you will invariably find that the drummer recognizes the druggist with the title of "doctor," and urges the adoption of his wares in his business as suited to the practice, such as he well knows the druggist is engaged in.

So much for my diagnosis. When the *whole* profession agrees upon it it will be time to discuss prognosis and treatment.

Yours fraternally and impecuniously,  
A QUONDAM SADDLE-BAGS.

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SPOTTED typhus has appeared in Saxony.

## Reviews.

### Imperfect Hearing and the Hygiene of the Ear.

INCLUDING NERVOUS SYMPTOMS, TINNITUS AURIS, AURAL VERTIGO, DISEASES OF THE NASOPHARYNGEAL MEMBRANE, MIDDLE EAR, AND MASTOID REGION. With home instructions of the Deaf. By LAWRENCE TURNBULL, M.D., Ph.G., Aural Surgeon to Jefferson Medical College Hospital; Physician to the Department of Diseases of the Eye and Ear, Howard Hospital, Philadelphia, etc. Third edition, with illustrations. Philadelphia: J. B. Lippincott & Co. 1881.

That this is the third edition of this work is sufficient evidence of its popularity. The high standing and reputation of Dr. Turnbull renders any thing he may write on the subject of aural disease of practical value. This book is written in the pleasing manner and with the clearness of diction characteristic of all the author's writings. He has divided the book into eight chapters, each one of which is full of interest. Of especial interest is the one "on the method of educating the deaf-mute at home and on the selection of proper schools for the deaf and dumb;" in this the author makes an eloquent appeal for their instruction, and gives results of the most encouraging character to those engaged in the education of these unfortunates. He discusses the questions, (1) What is the best method of classifying deaf children, and is it advisable to place them in ordinary or special schools? (2) how many deaf-mutes are capable of receiving articulation, lip reading, or Bell's method of instruction; and (3) should the attempt be made to instruct all deaf-mutes by articulation or by the sign language only? He says, "If a child can hear well enough to understand the teacher when near him the ordinary school is for him decidedly better than a special school." "Congenital deaf-mutes attending an ordinary school may learn to read and write, or rather to copy, and may perhaps get some idea of numbers; but the teachers of such schools do not know how to reach their pupils' minds even if they have the time to teach them."

He closes the chapter by stating that the object of writing that part of the subject was "to excite a greater degree of interest in physicians for the deaf-mutes; to induce a more conscientious study and treatment by physicians of the ears of their patients when the latter are attacked; to lead physicians to give other systems of instruction for the deaf and dumb a certain amount of study, that they may be able to intelligently



recommend to patients or friends the best method for each individual case; and to induce the physicians to recommend that there should be appointed by the governor of each State a commission to collect, examine, and classify the deaf and dumb, so that all who are found to possess any degree of hearing or any remnant of speech may be taught articulation by the German method or that of Bell, and that those who are unable to profit by this system may be taught the language of signs, natural or acquired."

He concludes with a comparison between the audiphone, dentaphone, and the various forms of ear-trumpet for the deaf, and says while he considers the audiphone and dentaphone of real value in some of the cases where the inflammation and ulceration have destroyed the integrity of the organ, he considers that, at present, the ear-trumpet has the widest range of application.

All through the work the subject is handled in a masterly manner, and will well repay any one who may read it.

C. E. B.

LOUISVILLE.

## Formulary.

### APPLICATION FOR CHILBLAINS.

The following is Dr. Bartholow's formula for an ointment as a local application for chilblains:

℞ Acid carbol..... 3j;  
Tinct. iodini..... } āā 3ij;  
Acid tannici..... }  
Cerat simplicis..... 3iv. M.  
Sig. Ointment.—*Oil and Drug News.*

### PILOCARPIN A CURE FOR NIGHT-BLINDNESS.

Pilocarpin exerts a stimulating influence upon the retina. Dr. Mecklenburg (*Berlin. Klin. Woch.*) gives this case:

A strong and healthy male prisoner, twenty-four years old, who had never previously suffered with his eyes, suddenly became night-blind; as soon as dusk set in he could see nothing. It was a case of hemeralopia. The pupils were greatly enlarged, but nothing else was abnormal about the eyes. After the usual means had been tried, Dr. M. injected subcutaneously—

℞ Pilocarpinæ muriat..... gr. jss;  
Aqua destillata..... ℥ lxxv.  
Sig. Inject twenty-five minims.

The improvement was immediate, and after the third injection the patient was well.—*Med. and Surg. Reporter.*

[The usual dose of pilocarpin is from one eighth to one fourth of a grain. Half-grain doses have been reported as given by some experimenters, without any bad result; but until the drug becomes better known, we counsel due caution in its use.]

### PROF. DA COSTA'S FAVORITE PRESCRIPTION OF SODIUM SALICYLATE.

℞ Sodii salicylate..... 3j;  
Spr. lavend. comp..... fl. 3j;  
Glycerinæ..... fl. 3ss;  
Aquæ, q. s. ad..... fl. 3ij.  
M. et sig. Two tablespoonfuls as a dose.

[Prescriptions of salicylate of sodium should always contain some flavoring substance of decided character. We have hitherto used oil of cinnamon, a few drops to the fluid ounce of the mixture. We believe the lavender is better because stronger than cinnamon. Without some flavoring ingredient the salicylate is very disagreeable to most tastes.]

### CHLORAL HYDRATE AS A TOPICAL APPLICATION IN DIPHTHERIA.

Dr. Daniel Phelan (*Canada Lancet*) recommends in this affection—

Chloral hydrate..... 3ij;  
Glycerin..... 3j.

To be applied to the false membrane, by means of a camel's-hair pencil, every four hours. At the same time he gives internally—

℞ Tinct. ferri perchlor..... } āā 3ij.  
Potass. chlorat..... }  
Aqua destillata, ad..... 3iv. M.

Sig. Teaspoonful every three hours to children between the ages of three and six years.

### THE MYDRIATICS.

Atropia sulphate..... gr. ij;  
Aqua destillata..... fl. 3j.

Dissolve. Sig. A drop or two in the eye every four hours until dilatation of the pupil is produced.

This is the most easily obtained, but prevents the use of the eyes in close work for ten days.

Duboisia sulphate..... gr. i-ij;  
Aqua destillata..... fl. 3j.

Make solution and use as above.

This interferes with close vision for about six days only (Dr. F. M. Perkins).

Homatropin hydrobromate..... gr. ss;  
Aqua destillata..... 3ij.

Make solution and put one drop in each eye every half hour till four instillations have been employed.

Paralysis of accommodation from this passes away in less than twenty-four hours (Dr. W. Cheatham).

### AN ANTHELMINTIC.

The following formulæ are recommended by Prof. J. L. Smith, M.D., for the expulsion of the roundworm:

℞ Fluid ext. spigeliæ..... 3j;  
Fluid ext. sennæ..... 3ss.

M. Sig. A teaspoonful to a child of three to five years; or,

℞ Fluid ext. spigeliæ et sennæ... 3j;  
Santonini..... gr. viij.

M. Sig. A teaspoonful to a child of five.

The Medical Gazette says that "for the expulsion of the roundworm no better formulæ than these have been devised. They are found to be an effectual means also of destroying the ascaris vermicularis."



## MEDICAL USES OF INDIAN HEMP.

Dr. Michael (*Montpellier Médical; Bull. Gén. de Thérap.*) again calls attention to the value of Indian hemp, particularly in uterine affections. He proposes the following formula in metrorrhagia:

R Tincturæ cannabis indicæ..... fl.℥ j;  
Syrupi simplicis..... fl.℥ j;  
Aquæ ad..... fl.℥ viij.

M. Sig. A teaspoonful every five or six hours.  
This dose may be gradually increased.

His experience leads to the following conclusions:

1. The action of Indian hemp is double—excitant in small doses, in larger ones sedative and even hypnotic.
2. Of use in most nervous affections, it is particularly valuable in chorea, tetanus, certain cases of mental alienation, delirium tremens, and neuralgia.
3. The muscular tissue of the uterus is particularly sensitive to its influence; metrorrhagia is stopped by it, and the uterine contraction so increased that it might be substituted for ergot.—*Ind. Pract.*

## Pharmaceutical.

THE invention of the capsule may be regarded as one of the triumphs of modern pharmacy.

The old-fashioned naked pill, with its irregular contour and its nauseous taste, which not infrequently excited in the pharynx an inverted deglutition, whereby the disgusting intruder was tossed up into the region of the posterior nares, there to remain fixed until the unfortunate swallower should dislodge it by vomiting, has become almost if not quite a thing of the past.

The capsule has manifest advantages over the pill, such as ease in swallowing, readiness of solution, together with the protection it affords the medicine against atmospheric influences, thus insuring that it shall arrive in the stomach in the best condition for assimilation; and these facts being well understood by the physician, the term "Ft. pilulæ" at the close of a prescription is not now very often seen.

A capsule to meet the above requirements should consist almost entirely if not wholly of pure gelatin, which, on entering the stomach, appropriates water of composition, and becoming a jelly will readily dissolve and set the contained medicine free.

But the increased demand for capsules, together with a desire to furnish them at a low price, has tempted some manufacturers to use glue and various other cheap and impure compounds in their manufacture.

Capsules made of these substances are sometimes so slow of solution as to seri-

ously delay the action of the medicine, or worse still, resisting the fluids of the alimentary tract to the end, pass out like bullets, unchanged.

Even if they be retained and dissolved they are competent to make mischief, for they carry with them the seeds of fermentation, which may germinate to the prejudice of a delicate digestive apparatus.

Before ordering them for a patient the physician should test a given specimen of capsules by holding one in his mouth until it dissolves. If its solution is rapid, and no unpleasant flavor is perceived, it may be safely used; but if it tarries long upon the tongue, or imparts to the taste a savor of the hide-store or the sour-paste pot, it should not under any circumstances be given to a sick person.

The old and highly reputable firm of H. Planten & Son, 224 William Street, New York, furnishes an article which will stand any test, and we can conscientiously recommend their capsules to the profession.

They are made of seven different sizes for the mouth and of three for the rectum. The latter are conical at one end, and present a form which may be easily introduced into the rectum, and retained by this organ without discomfort.

## Obituary.

WAR DEPARTMENT, SURGEON GENERAL'S OFFICE, }  
WASHINGTON, D. C., February 25, 1881. }

It is with profound regret and a sense of loss not only to his corps, but to the medical profession, that the death of George Alexander Otis, Surgeon and Brevet Lieutenant Colonel U. S. Army, is announced to the Medical Corps of the Army.

Born at Boston, Mass., November 12, 1830, he graduated with the degrees of A.B. and A.M. from Princeton College; entered the Medical Department of the University of Pennsylvania, and received his degree of M.D. from that institution in 1850; visited Europe, and prosecuted his studies in London and Paris, and returning to this country he established himself at Springfield, Mass.; appointed Surgeon Twenty-seventh Massachusetts Volunteers, September, 1861. He held this position until appointed Surgeon U. S. Volunteers August 30, 1864. After the close of the war he entered the Medical Corps U. S. Army as assistant surgeon Feb-



ruary 28, 1866; became captain and assistant surgeon July 28, 1866, major and surgeon March 17, 1880, having received the four brevets of lieutenant colonel of volunteers, captain, major, and lieutenant-colonel U. S. Army for meritorious services during the war. While surgeon of the Twenty-seventh Volunteers he served in Virginia, North and South Carolina, and was on special duty in charge of the hospital steamer "Cosmopolitan" in the Department of the South. Assigned to duty in this office July 22, 1864, he was curator of the Army Medical Museum, and in charge of the Division of Surgical Records until his death.

He was editor of the Richmond Medical Journal for three years, member of the leading medical societies of America, and corresponding member of various similar societies in Europe, and a contributor to prominent medical journals. Surgeon Otis, with his personal observations of the surgical collections abroad, brought indefatigable industry and untiring energy to the development of the surgical and anatomical collections of the Army Medical Museum, which he has made the most valuable of their kind in the world. The compilation of the Surgical Volumes of the Medical and Surgical History of the War has placed Surgeon Otis confessedly among the most prominent contributors to surgical history.

While on duty in this office Surgeon Otis wrote for publication no less than ten reports on subjects connected with military surgery, etc.; among which are his most valuable and exhaustive reports on Excision of the Head of the Femur for Gunshot Injury, and on Amputation of the Hip-joint in Military Surgery. Of great culture, retentive memory, and with a remarkable facility of expression, he was, as a compiler and writer, conscientious in his analyses, giving his deductions from the facts before him with modesty but decision. With such a record it is needless to speak of his zeal, his ambition, or his devotion to his profession, and especially to the reputation of the corps of which he was so bright an ornament. While devoting himself to the preparation of the third and last Surgical Volume (now more than half completed) of the Medical and Surgical History of the War, he died in this city February 23, 1881. His untimely death will be deeply deplored, not only by the Medical Corps of the Army, but by the whole medical profession at home and abroad.

JOS. K. BARNES,  
*Surgeon-general.*

## Miscellany.

**BLOOD-LETTING.**—Dr. Rufus W. Griswold, writing in *Independent Practitioner*, gives it as his opinion that blood-letting has fallen into disuse as a therapeutic measure in our day not because of improved methods in the treatment of disease, but for the reason that the type of diseases demanding depletion has changed during the last half century. He says, "An experience of thirty years in practice, backed by the observations of some of my neighbors who have been driving for twenty years longer than I have, is to the import that there has been such a change in the type of diseases as renders the frequent use of the lancet less important than formerly; but not such an one as justifies that degree of abandonment of it that at present prevails.

In this region at least there is less of the sthenic type in even inflammatory fevers; there is a more general disposition to take on what is called the typhoid form; depletion, whether by the evacuation of blood or by the administration of reducing drugs, is not so beneficial toward a recovery from a disease of even the highly inflammatory form as formerly; and the legitimate deduction is that the use of the lancet is less often needed. Certainly this is the view entertained in the matter by nearly all the practitioners who began work forty and fifty years ago with whom it has happened to be my pleasure to converse on the subject, and this view is supported by abundant written authority on the subject.

**OIL OF ERGOT.**—This oil has until quite recently been considered as a waste product eliminated in the production of the various ergot preparations. It can be made by the addition of benzine to ergot by the process of displacement, and afterward allowing the benzine to slowly evaporate. As a local remedy this refuse oil is much cheaper than any of the other oils and fats, and contains in addition to its fixed oil other ingredients that make it a most important therapeutic agent. Dr. J. V. Shoemaker has obtained excellent results in the acute variety of eczema, in cracked nipples, in herpes of the genitals, in checking the seborrhea of the scalp and other hairy parts of the body, in seborrhea of the genitals, as a local application in erysipelas, in rosacea, in ulceration of the cervix uteri, in gleet and gonorrhea, and in leucorrhea.—*Oil and Drug News.*



**FOOL'S PARSLEY.**—This common weed, *Aethusa cynopium*, has been classed heretofore by botanists and toxicologists among the poisonous weeds, but Dr. John Harley, of England, claims to have proved its harmless and innocent character. Having collected the plants at two seasons of the year, just before flowering and also after the plants had set their fruit, he expressed the juices of both stem, leaves, and roots, and preserved the extracts by the addition of alcohol. Being thus provided with a supply of material which supposably represented the active principles of the plant, he exhausted his supply on four persons. Effects were carefully looked for, but none followed after any one of the doses. Dr. Harley feels compelled to say, in conclusion, that "fool's parsley" is not only absolutely free from the noxious properties ascribed to it, but that it is pleasant to the taste, sight, and smell, and in the absence of the more succulent and fragrant herbs might well be used as a pot-herb or salad. Moreover, he asserts that his conclusions are independent both of locality and season, the only influence that these conditions have on "fool's parsley" being that of increasing or diminishing its succulency.

*Oil and Drug News.*

**FROST AND MORTALITY.**—The fatal effect of severe winter weather, called seasonable, upon the public health is once more exemplified in the Registrar-General's weekly return. During the six weeks of mild winter weather ending on the 8th instant the weekly number of deaths in the twenty large English towns dealt with in that return averaged 2,971, whereas in the two following weeks they rose to 3,444 and 4,199. This represents an excess of mortality in the two weeks equal to 1,701 deaths in the twenty towns. It has often been shown in the reports of the Registrar-General that the effect of intense cold is fully as great on the mortality of rural as upon that of urban populations. We may therefore assume that the effect of the severe frost that set in the 12th instant on the registered mortality of England and Wales up to Saturday, 22d instant, was to add to the register the record of not less than 5,749 deaths of persons who would have survived if the mild weather had continued. This simply represents the number of those killed outright by the first week of the frost, and affords but a slight indication of what the losses to the population would have been from a continuation of the intense cold. The above figures take no account of

the wounded in the first week's conflict with the weather, who will the more readily succumb if the conflict be prolonged. It will be many weeks before it will be possible to sum up the total losses due to this arctic weather. It must not be supposed that the losses fall chiefly upon the weakly, the elderly, and infirm, as these figures show that the largest proportional losses were among male adults aged from thirty to fifty, upon those whose occupations entail upon them most risk of exposure.—*London Lancet*, January 29, 1881.

**WHEN SCIENTISTS OUGHT TO BE KILLED.**—Prof. Huxley says he has long entertained the conviction that any man who has taken an active part in science should be strangled at sixty. In his experience ninety-nine men out of every hundred become simply obstructionists after that age, and not flexible enough to yield to the advance of new ideas (*Cincinnati Lancet and Clinic*). They are, in short, "old fogies," and he thinks the world would be benefited by the operation he suggests. It may be interesting to note, by the way, that the learned professor himself is fifty-five.

**LOEWENBERG** believes that in the majority of cases *fungous deposits in the ear* are caused by the introduction of fatty substances, such as oils, into the auditory canal. These all undergo rapid decomposition in the warmth of the canal and are transformed into glycerin and fatty acids. The spores of the fungi, which exist every where in the atmosphere, germinate rapidly amid such favorable surroundings. He therefore never prescribes any oily substances, but uses glycerin in place of them. When once the fungi have taken root and are growing he employs alcohol against them.—*Dr. C. S. Bull, A.M., M.D., in New York Med. Journal.*

**THE CONVICT, DR. BUCHANAN.**—Buchanan, the foster-father of bogus medical diplomas, entered the Eastern Penitentiary at Philadelphia a few days ago with his head covered by a sack to prevent his knowing the location of his cell (*Medical Record*). He had been confined up to that time in the county prison, but now he is a convict in the penitentiary, fulfilling the sentence passed on him for conspiracy to defraud the United States of his bail. There are other charges still pending against him. Thus ends for the present the career of the celebrated "doctor."



**REVACCINATION.**—A correspondent, who signs himself "Umbilicated Vesicle," writes thus to the Boston Med. and Surg. Journal: A "vaccination point" which occurs to me, and to which I think some importance may be properly attached, is this: We know from past experience the instant we have smallpox among us, people (especially those merry and devil-may-care dogs who laugh at vaccination and "prefer smallpox and done with it") immediately roll up their sleeves and demand our attention at once. Under these circumstances the "boom" in vaccine lymph sets in, and as the demand increases we begin to obtain very peculiar results from its use. In some cases one might almost imagine that the points used had been dipped in the secretion of a hard chancre, so obstinate and indurated are the ulcerations produced. In others our suspicions are directed toward the inoffensive mucilage-bottle. I think, if we proceed now to quietly vaccinate such of our patients as we think require it, that we may avoid the results mentioned above (which are inevitable if the disease visits us), and obtain in many cases what we seek—an umbilicated vesicle.

**ADMINISTERING ALCOHOL TO CHILDREN.** We believe it is not an uncommon custom in the country to administer spirit in various forms to infants and children. It is, we think, very objectionable in the absence of medical advice, and but little better than the administration of opium. Two cases of death in one night—that of twin children—are before us, both dying suddenly at Tenby, without being seen by a doctor. They were only eight months old, and the mother's chief idea of treatment seems to have been beef tea with brandy or sherry—very doubtful dietetics at eight months. Death from natural causes was the ready verdict, which we would slightly amend thus: Death from natural and unnatural causes. The kindness of the parents was not at fault so much as their intelligence. The medical man examined said that he could not account for the death, but is afterward reported as saying that teething was enough to explain death.—*London Lancet.*

A FARMER has been fined £6 17s., including costs, at the Leicester County Police-court, for mixing the milk of certain cows affected with foot-and-mouth disease with other milk, and selling the mixed milk for human food, contrary to the Order in Council of the 9th July, 1879.—*London Lancet.*

A CONFERENCE of anatomical teachers was held on Thursday evening, February 3d, at the Middlesex Hospital to consider the propriety of taking steps to remedy the prevailing scarcity of subjects for dissection—*London Lancet.*

[The scarcity of dissecting material is getting to be a serious problem with anatomical teachers every where. Query—Is this due to a decrease in the annual supply of "stiffs," or to a disproportionate increase in the number of limber exponents of anatomical science?]

**WHAT'S IN A NAME?**—A German preparation analyzed by Hager, and sold under the name of proteinnahrungsmittel (which being translated means protein food), consists almost entirely of starch powder.—*Oil and Drug Reporter.*

[The O. and D. R. thinks that a customer who buys a substance with so promising a name is certainly entitled to more than one ingredient. This is unjust. Any reasonable purchaser would see at once that the name is worth the money paid, and thankfully accept the starch as a gratuity.]

**SMALLPOX** in Jersey City has been increasing of late in a way to alarm the authorities (Medical Record, February 19, 1881). In the country at large there seems to be considerable prevalence of the disease, though during the first week in February there were more cases in Philadelphia than in all other places put together. Seventy-one deaths were reported for the week ending February 5th. Of these forty-seven occurred in Philadelphia, nine in New York, thirteen in Chicago, and five in San Francisco.

At the close of the month ending February 15th, if the London Lancet is not mistaken, there were found among the rakings of the English matrimonial drag-net three M.R.C.S.E.s, an M.B., M.R.C.S.E., an M.B., M.C., N.B., an F.R.C.S., an M.B.C.M., an M.D., M.R.C.S., an L.R.C.P., M.R.C.S.E., and a surgeon.

Nos. 246 (Vol. X, No. 11), dated September 11, 1880, and 250 (Vol. X, No. 15), dated October 9, 1880, of the NEWS are wanted to complete our files. We need about twenty-five copies of each, and subscribers having these to spare will confer a great favor on us by mailing them to MEDICAL NEWS, care of John P. Morton & Co., Nos. 156 and 158 West Main Street, Louisville, Ky.



A CORRESPONDENT of the London Med. Journal sends the following lines, with the hope that the sentiments therein expressed will meet with an echo in many a breast which would recoil from Mr. Tennyson's "In the Children's Hospital":

O! watched for, longed for, through the weary hours  
Of pain and weakness. What a gift is thine!  
What a proud science, Godlike and benign!  
To pour on withering life sweet mercy's showers,  
And on the drooping mind's exhausted powers  
Like a revivifying sunbeam shine;  
For thy next smile what sleepless eyelids pine!  
What sinking hearts, to which the summer flowers  
Can breathe no joy! How many a day  
I heard thy footsteps come and die away,  
And clung unto that sound as if the earth,  
With all its tones of melody and mirth,  
To me had naught of interest—nothing worth  
The brief bright moments of thy kindly stay.

E. M. H.

MR. WM. ROSE writes in London Lancet: After considerable experience in operations about the mouth where an anesthetic is used, I have come to the conclusion the tongue should be left perfectly free, and only occasionally depressed with a suitable spatula when dealing with parts which its presence obscures; for I have found that with the continuous pressure of a plate the tongue is always liable to bulge up behind it, and so impede or prevent respiration by pressing on the glottis, causing great danger to the patient and anxiety to the operator.

## Selections.

**The Salicylic-acid Treatment of Rheumatism.**—P. W. Latham, M.A., M.D., F.R.C.P., writes in the London Lancet:

As regards the appearance of uric acid and urates in the urine, it may, I think, be shown that if the disintegration of the muscular be in excess of that of the nervous tissue, uric acid will be formed in excess and pass into the blood. If the contrary condition exists, there will be excess of some of the biliary secretions and of phosphates in the urine; but this must form the subject of further investigation. Salicylic acid, then, in acute rheumatism and in diabetes enters into chemical combination with the antecedents of lactic acid and of glucose, and so prevents their formation; and in acute rheumatism, by preventing the formation of lactic acid, there is no longer that dilatation of the minute arteries and consequent hyperoxidation of the muscular tissue, producing pyrexia and increased formation of urates, which are accompaniments of the disease. But to effect this purpose the dose in this disorder must be large enough to produce some decided effect upon the system, such as copious diaphoresis, noises in the ears, or difficulty of hearing, and put a stop to the formation of lactic

acid. Salicylic acid which has once passed through the portal system has probably comparatively little effect after it gets into the general circulation. Why this is the case does not seem very clear, but in experiments that have been made with benzoic acid it was found that when the substance was injected into the circulation alone it appeared as such in the urine and not as hippuric acid. When two grams of benzoic acid and thirty centigrams of bile (which contains glycocine) were injected into the blood of a dog or cat, the urine was found to contain a considerable quantity of hippuric acid, but no benzoic acid. With a larger proportion of benzoic acid the excess passed into the urine together with the hippuric acid. Simultaneously with the appearance of the physiological effects will come relief to the joints and muscles. The dose necessary to effect this is rarely less than sixty or seventy grains; it may be one hundred, one hundred and twenty, or more. The plan I adopt is to give the true salicylic acid in hourly doses of twenty grains till sixty grains have been taken, and then ten or twenty grains every hour, watching its effect until the symptoms are relieved and the patient's joints can be moved without pain. I give it in the form of pills (twenty grains mixed with a small quantity of pulvis acaciæ and glycerin can be made up into six hard pills). And during the last four years, although I have given it to patients with all forms of heart-disease, I have never seen any bad results follow its administration. Given in the form of pill it is perhaps absorbed less quickly, but more uniformly, into the circulation. But I have been careful not to use the artificial salicylic acid. This is made by passing carbonic acid into carbolic acid, and is therefore, unless very carefully prepared, liable to contain carbolic acid. "When six or eight grains of carbolic acid are taken in a wineglassful of water a sense of numbness is felt upon the lips and in the mouth, followed by a sensation of coolness. Then, if the stomach is empty, slight nausea and an uneasy sensation in the abdomen follow, with vertigo, ringing in the ears, and slight deafness. The pulse falls in frequency and force, as does also the cardiac impulse, and diarrhea sometimes occurs." Similar effects to these have been ascribed to the use of salicylic acid, but, I believe, unfairly.

While the remedy appears to relieve and cure acute rheumatism, it is an unquestionable fact that relapses are extremely liable to occur. These, I think, are explained by the supposition that while the formation of the *materies morbi* is prevented, owing to the decomposition of its antecedents, by the remedy, this has no effect in improving or restoring the tone of the "coördinating chemical center;" and in a short time, if the remedy be discontinued, the morbid products are again formed; but give the remedy in much smaller doses two or three times a day until the "center" has recovered its tone, and then relapses need no longer be feared.

**A Case of Traumatic Tetanus Treated with Calabar Bean—Recovery.**—By C. Clark Burman, L.R.C.P. & S. Ed. (London Lancet):

On September 8th last I was called to see a boy eleven years of age who had received an injury in his foot while driving a reaping machine. I found an extensive lacerated wound of the left heel, a large flap of skin and subcutaneous tissue was reflected over the os calcis, laying bare the posterior and part of the inferior surface of that bone, but not injuring



its periosteum. The tendo-Achilles was laid bare for about two inches from its insertion to the os calcis. A considerable portion of the flap was missing upon its inner side, and its only connection to the sole of the foot was by a narrow strip of skin not more than an inch in width. After cleansing the wound I replaced the flap, and retained it in position by means of sutures; but, as I feared would be the result, the upper and outer part sloughed, due no doubt to the small vascular supply through the narrow neck connecting it to the uninjured skin. The wound otherwise was progressing favorably, the boy was in good spirits and complained of no pain, except during the dressing of the wound. At first cold-water dressings were used, but so soon as sloughing took place the carbolic-acid lotion was substituted. On Friday the 17th it seems that he complained to his mother of a "stiff neck," but of so slight a nature as not to be mentioned to me upon my visit next day. On Sunday the 19th he complained of stiffness of the jaws and difficulty in mastication, which on the following day had developed into well-marked trismus, the sterno-mastoid muscles on each side being in a condition of tonic spasm. The risus sardonius was distinct; the teeth could be separated only about half an inch; no general convulsions, however, had been noticed; there was great nervous excitability and slight epigastric pain. The pulse was 120 and hard, as if the arterial coats sympathized with the general muscular contraction. I at once prescribed chloral hydrate and belladonna in full doses, kept the room darkened and quiet, ordered him milk and strong beef tea, with small but frequent quantities of port wine. An enema of castor oil and turpentine was administered. On Tuesday the 21st the first convulsion appeared, which was, however, neither severe nor of long duration. The pulse was still rapid and hard, but accompanied with very little feverishness. The wound was doing well, the slough separating nicely. During the two following days his condition was much the same, a general spasm occurring upon any sudden start or exertion, such as moving to have the wound dressed, etc. To relieve pains that he experienced along the upper part of his spine he was laid upon his abdomen with a pillow under his breast, and in this position he remained until convalescent. Ice not being readily obtainable, I ordered india-rubber bags filled with cold water (frequently changed) to be kept constantly applied to the lower cervical and upper dorsal regions.

Considerable difficulty now began to be experienced in swallowing the chloral and belladonna mixture, almost every attempt producing a convulsion, in which the body assumed the characteristic arched position, and all the muscles became quite rigid. He was able, however, to take considerable quantities of milk, also wine well diluted. I now administered morphia hypodermically, but the nervous excitability had now reached such a pitch that even to do this produced a convulsion. The jaws being almost completely closed, and the difficulty and danger of administering remedies had become so much increased that I obtained from Messrs. Savory & Moore a supply of their gelatine lamels containing one sixtieth of a grain of extract of calabar bean in each; and on Wednesday the 29th I prescribed one every four hours, continuing the stimulants and as much milk and beef tea as could be taken. The lamels were slipped in between the teeth and allowed to dissolve in the mouth. On Sunday, the 3d of October, decided symptoms of improvement showed themselves;

the convulsions, which a few days before were so frequent and so easily excited—even the sudden falling of the door-latch was sufficient to induce one—were now less frequent and not so severe. The jaws could be opened to a slight extent and the boy could retain and swallow his saliva. The general improvement continued until on Thursday, the 7th, he was able to take a little boiled bread and milk, only one or two convulsions having occurred since the 3d. The lamels were continued until October the 10th, and since then his progress toward recovery has been steady and uninterrupted. . . .

On my last visit (October 25th) he was sitting up, dressed, and able to get about with the assistance of a crutch; and a few days ago I had the satisfaction of seeing my patient walking about, looking little the worse for the severe illness he had gone through.

**Rupture of the Vermiform Appendix.**—The subject of this case was a robust soldier forty-five years of age, who had been in good health until a week before; was brought into the hospital with the symptoms of peritonitis, and died two days afterward (*Med. Times and Gazette*). On examination a large quantity of purulent fluid was found in the cavity of the abdomen, and the vermiform process, nearly five times its natural size, exhibited a large aperture, while its communication with the intestine was obstructed by a long bean-shaped concretion of a greenish color. On cutting through this there was found at its nucleus at the center a piece of husk of rye, around which had formed deposits of phosphate and carbonate of lime, the calculus having attained a centimeter in diameter before it caused rupture of the process. The case differs from most of those on record in having caused rupture by distension instead of by ulcerative process.—*Petersburg Med. Woch.*

**On Certain Physiological Effects of Stretching of the Sciatic Nerve.**—By Dr. C. E. Brown-Séquard, Professor of Medicine, College of France (*London Lancet*):

On eleven guinea-pigs, after having divided transversely the right lateral half of the spinal cord at the level of the tenth dorsal vertebra, I ascertained that there was the ordinary effect of such a lesion on the two hind limbs. I then stretched the upper part of the sciatic nerve in all of them on the left side, i. e. the anesthetic side. In one of these animals immediately after, in two of them a few minutes later, in two others half an hour after, and in three others much later, I found a considerable return of sensibility in the limb operated upon. Of the three other animals two remained as much anesthetic as they were before the stretching, and one had only very slight return of sensibility. I must say that in two at least of these last three guinea-pigs the knife had divided transversely very nearly two thirds of the spinal cord. In several of the eight animals which had a great increase of sensibility where anesthesia had existed (the left hind limb) there was observed a decided hyperesthesia. Another remarkable effect was ascertained—the hyperesthesia of the right posterior limb soon increased after the elongation of the left sciatic nerve. . . .

It might be supposed that the stretching of the nerve alters in some way its structure, and that this local alteration is the cause of the two effects (on sensibility and voluntary motion) which I have mentioned. That such a cause has some share in those



effects I consider as probable. But a great part of them, at least as is proved by the following facts, depends on an influence of the irritation of the sciatic nerve on the spinal cord, then placed in a special organic condition.

1. In the experiments above described the return of sensibility and the appearance of hyperesthesia, where anesthesia existed, are found in the limb operated upon not only in the parts receiving fibers from the sciatic nerve, but also and as much in parts having only fibers from the crural nerve.

2. In an experiment on a guinea-pig the division of the right lateral half of the spinal cord was made in the cervical region (at the level of the third vertebra). After having ascertained that there was considerable anesthesia in both limbs on the left side and hyperesthesia in the right ones, I stretched the left sciatic nerve. The results were quite striking, not only upon the left hind limb, but also the left anterior limb soon became hyperesthetic. On the right side both limbs soon acquired a greater degree of hyperesthesia than that which had previously existed.

3. In guinea-pigs whose spinal cord was normal I have stretched one of the sciatic nerves. The effects of stretching have then been different from those of the previous experiments. The hyperesthesia produced has been less than in animals having had a hemisection of the cord, and there has been also very much less paralysis produced. In the preceding experiments, as well as in these last, I have found a marked vasomotor paralysis in the limb whose sciatic nerve has been stretched.

I do not intend to discuss now the questions of usefulness and dangers of stretching the sciatic nerve in cases of locomotor ataxy. I will only say that much simpler means of treatment may prove as beneficial as that operation. My object in publishing this short paper is simply to point out the great power that the irritation of the sciatic nerve, when drawn and elongated, possesses, as shown so conclusively by the considerable dynamic changes produced in the properties and functions of the spinal cord in the experiments I have related.

#### Deficiency of Sunlight as Cause of Rickets.

Sir James Paget, in his address at Cambridge last August, suggested as a good subject for a scientific thesis the analogies between a green rose and a rickety child. In our opinion this is the direction in which inquiries must be made if we would solve the difficulties of this really important social question. Bearing in mind the effect of sunlight upon the nutrition and growth of plants, let us ask ourselves whether its privation may not be a most powerful factor in the growth and development of infants. Is it not very probable that an infant under the influence of air and ample sunlight may be able to develop and grow on a diet which, without sunlight, would be insufficient?—*Med. Times and Gazette.*

**Adhesion of the Placenta.**—By A. Cummings Air, L.R.C.P. Lond. (London Lancet):

I have met with several cases of morbidly adherent placenta during the last fourteen years, and am inclined to believe that the diagnostic problem may be solved with almost absolute certainty, although from my experience being limited to so short a time I would desire to write with all becoming modesty.

The diagnosis is, I think, to be founded upon two

symptoms, one of which is mentioned by Dr. Churchill, the other by Dr. Barnes, viz. that at some period of pregnancy, generally between the third and fifth months, a fixed pain, generally of a dull aching character, is felt over some part of the uterus; and this is converted into a severe dragging pain when the patient attempts to turn over to lie on the side opposite to the placental site; so much so that patients with an adherent placenta will never (as far as my experience goes) voluntarily lie on that side. This pain I believe to be of the same nature as that mentioned by Dr. Barnes as being experienced when the cord is drawn upon, and is due to the dragging on the cord by the child when, from gravitation, it sinks through the liquor amnii.

Theoretically it may be objected to this explanation that usually the cord is sufficiently long to prevent any such dragging, but I think it will generally be found that when the cord is long it is twisted around the neck or limbs of the child, and produces the same effect as a short cord would.

No history of this dragging pain on the patient's turning to the opposite side to the placental insertion will be obtained when the retention of the after-birth is merely due either to the inertia of a wearied uterus or irregular contraction. If there is hemorrhage in either of these cases one would be justified in trying the effect of cold, compression, etc. before introducing the hand, but in cases of true placental adhesion trying these and similar means leads to dangerous loss of precious time.

**Intestinal Bacteria.**—Nothnagel, of Jena, has been investigating the organisms found in feces, and has examined the microscopical characters of five hundred stools in health and disease (London Lancet). He found many microscopic organisms constantly present, but that which was found in greatest abundance was the *Clostridium butyricum* of Praznowski (the butyric vibrio of Pasteur, the *Bacillus amylobacter* of Van Tieghem). It occurred in feces in which no starch could be demonstrated. It is probably this which has given rise to the statement that the yeast fungus is often present in the feces. In point of fact it is very rarely found in the feces. Riesenfeld and Brieger discovered butyric acid in both the intestinal contents and in stools, and the product is doubtless the result of the growth of these bacteria.

**Impacted Feces.**—Dr. Robert Battey has a practical way of relieving women of hard masses of impacted feces when for any reason an enema or cathartic fail to do the work, or can not be administered (Med. Record). Instead of distending the sphincter-ani muscle and digging out the mass with a spoon or with some like instrument, he breaks it up and presses it out by means of the fingers in the vagina. This may generally be accomplished without difficulty, or with as little difficulty as by other means. The method is, moreover, less disagreeable both to the doctor and to his patient. It would manifestly be more easily accomplished in the cases of women who have been or are parturient.

**To Disguise the Taste of Tincture of Iron.** Dr. Hager recommends that tincture of the sesquichloride of iron be mixed with simple syrup and then with milk. This mixture will not affect the teeth, nor will the styptic taste be apparent.—*Druggists Circular.*





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*"NEC TENUI PENNA."*

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R. O. COWLING, A. M., M. D., . . . . . Editor.  
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## AT EITHER EXTREME.

Surely the ability of homeopathy to adapt itself to any given environment is something remarkable.

In Germany an attempt has been made to keep the followers of this school from dispensing their own medicines, the plea alleged being infringement of the rights of the regularly-licensed pharmacists; but when specimens of the suspected pellets of sugar were submitted to chemical investigation, the report returned was, no medicine found; and the authorities, acting upon this suggestion, ruled out the case, saying that they had no power under the existing law to try pedlars of confectionery.

Quite otherwise was the experience of the managers of the Sacramento County Hospital, when (according to the Pacific Med. Journal), not long since, through motives of economy, they secured the services of a homeopath for their institution. They were happy for a time, but when the bills for supplies came in they found they had trusted to a vain hope; for this disciple of the new school, finding plenty of medicine within his reach, had demonstrated his ability to give it with as free a hand as any brother of the old school. In reality, he had out-Heroded Herod in this particular, and the items on the account—representing quinine, opium, and other baneful drugs—proved so appalling that the frugal managers discharged him at once and employed a “regular” physician in his place.

With examples like these before us, of extreme attenuation under one set of circumstances and open prodigality under another, we can but admire the flexibility of the school, while we are led to suspect that possibly devotion to fine-spun theory may not be the only motive impelling our homeopathic friends to practice infinitesimal medicine.

Indeed, whenever it has happened to be our privilege to look over prescriptions written by these gentlemen we have been struck with the fact that their potentization has always tended toward concentration rather than dilution; while such active drugs as quinia, sulphuric acid, opium, calomel, jalap, and gelseminum have figured in doses large enough to put to the blush the pretensions of any old-fashioned medicine-man.

These things, together with their small fees for service, look as if economy might have considerable influence in the method of medication chosen by these pliable and realistic followers of the dreamy and metaphysical Hahnemann, and suggest that perhaps in a given case (a bilious remittent, for instance) the terrible question as to whether the patient’s frame shall be racked by heroic doses of gamboge and calomel, or shaken from center to circumference by the reckless administration of thirtieth potencies of podophyllin and bryonia, may turn on the equally grave question of who is to pay for the drugs.

A PROPHET of the Orient proclaims that sickness and death will prevail among the British troops if after wintering in Afghanistan they evacuate the land in early spring.



THE KENTUCKY STATE MEDICAL SOCIETY, a full programme of which we publish elsewhere in this issue, will hold its twenty-sixth annual session at Covington, commencing on Tuesday, April 5th. A glance at the programme will convince any one that the Society is alive and in a condition to render efficient service in the cause of medicine. It will be seen that the papers to be read will touch upon important points in every part of medicine and surgery, with their accompanying specialties, while the names of the authors (all of them well-known practitioners of experience, and not a few of acknowledged eminence among us), make it certain that entertainment and instruction will be secured to all who may attend.

The corps of officers is strong, and the committee of arrangements is sparing no pains to bring the matter of welcome up to the traditional standard.

It will not be forgotten that Covington is a historic town, and, like Jerusalem of old, "beautiful for situation."

This matter of situation should be no small attraction to those who may contemplate attendance upon the Society; for a day spent among the wonders and beauties of the Queen City (which we forgot to mention is a suburb of Covington) will add not a little to the enjoyment of the occasion.

We expect a large attendance, a successful session, and a general good time.

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No fewer than one hundred persons are at present waiting their turn for admission into the Glasgow Royal Infirmary, and during the past year the daily average waiting at the Western was sixty-eight. This represents a very serious amount of unrelieved misery.—*London Lancet*.

At the same time we are not informed of any falling off in the number of dinners or receptions given by the grandees, or of any less extravagance in dress or parade among the more highly favored of this metropolis; and what is true of this place is true of every other as well. We all pray "Thy kingdom come," but what are we doing to hasten its coming?

## Original.

### THE ARMAMENTARIUM OF THE GENERAL PRACTITIONER.

BY WILLARD H. MORSE, M.D.

#### PART II.

I shall not venture any arbitrary classification in speaking of the instruments which I propose to notice, preferring to give descriptive details without reference to system. The physician is a stranger to that which is systematic in the use of his instruments, and he should bear the same relation to the question of choice. The catalogue of the instrument-maker presents the glories of the systematic, but even though there be incongruity in relations of description, these papers will depart from any such fixed classification.

One other word is necessary. These papers are not "puffs" of any instrument-manufacturer. Although it is true that no pains or expense have been spared in obtaining material for these descriptions, and although I have relied upon details furnished me by several instrument-makers, as well as on the experience of physicians other than myself, yet my rule has been never to depart from impartiality. From the experience of the best scholars of our profession I have obtained the general idea of what the *best* instruments are, and those I have described. Inferior instruments have not been named over others that some one might be pleased. If an instrument has been proved good or has distinctive merits, it makes no difference to me whether its manufacturer is Tiemann or Reynders, or some obscure mechanic, it is described without regard to persons.

I have tested, so far as I have been able, those instruments which have come to me reputed the most excellent, seeking any flaws that might make departure from excellence. All that I shall recommend are as perfect in mechanism, finish, and crude essentials as the manufacturers put upon the market.

#### I. THE ATOMIZER.

If the physician keeps close abreast of the times, there are processes of medical practice into which he should have a clear insight, which is to be gained only through the mechanical medium of the instruments used in furthering its employment. Prominent among the newly-written chapters in the science of medicine are those which treat of antiseptic surgery, atomization, and local



anesthesia. Intimate knowledge of their practice is obtainable by the practical use of the atomizer, of which apparatus there are various forms. Of these the principal are Delano's hand-ball apparatus for air and Tiemann's apparatus for steam. In these and all others the essential parts are a cup to contain the solution, a vertical tube dipping into this cup and terminating in a capillary extremity, and a rectangular tube communicating with the air-bulb or steam-boiler.

Delano's hand-ball atomizer is simple in contrivance, and the "No. 558," made with a long tube, is all-sufficient for nebulization in any of its forms. The price is \$1.50. Tiemann's steam apparatus is the most elaborate, easily portable, and perfect in arrangement and action. Its price is \$5.00; but to the practitioner of antiseptic surgery it is worth double its price, and has no equal.

Bergson's steam atomizer has the merit of a graduated bottle, and is sold at \$4.50. Seeger's apparatus, at \$12.00, is beyond the means of the poorer class of physicians. Codman & Shurtleff have a very fine apparatus at \$5.00. The champoniere instrument, at \$60.00, combines every good quality, but is too costly for the general practitioner, who would prefer to wear out a dozen five-dollar atomizers rather than purchase one at sixty dollars. Some prefer Davidson's as a hand-ball instrument, but I do not think it is comparable to Delano's. Richardson's (\$7.00) is good in theory. Mention might be made of several other makes, but the instruments of those named exhibit all the qualities to be desired.

## II. THE MICROSCOPE.

Within a comparatively short time the micro-chemistry of the tissues and secretions has become one of the important parts of our science. It was only a few years ago that microscopy was exclusively the property of the pathologist. Now every physician is a pathologist, and, more than that, a professional diagnostician; so that today no doctor can rationally practice medicine without employing the microscope or having it employed for him. We do not wish to be understood as saying that it is positively necessary for every doctor to possess a microscope, but it is best to put one's self in the way of obtaining its advantages. In city practice provision can be made by working with some skilled pathologist, and in the country it is an excellent idea for a town or district medical society to own a good microscope in common. However, if

a physician can afford it, it is advisable to purchase one. To spend a large sum on a microscope is scarcely prudent, and the delicate adjuncts to the higher-priced instruments, which fix the price, are embarrassing and unnecessary to the physician. There are several makes and a multitude of patterns, some perfectly constructed, and others as useless in study as a common lens. Grunow, of New York, makes very good microscopes, and among others his "New Model" instrument is deserving of praise. The price is \$25.00; and while it is as good in every respect as some fifty-dollar instruments, it is thoroughly adapted to the necessities of the profession. We can not commend any over it, though Beck's "Economic" (\$35.00) and the "Monocular Economic" (\$55.00) do not suffer in any comparison except the price. There are other good makes, and the prices range from \$5.00 to \$10.00. The manufacturers are beginning to consult economy, and the physician has the same privilege.

## III. THE RECTAL SYRINGE.

Various forms of rectal syringes are in market, and one in viewing the array can see how aptly the Greek word *συριγξ*, "a pipe," gave the instrument its name. There are as many variations in material as in pattern, and the scale of prices is as varying. Choice may be had of metallic or rubber syringes, and of paying twenty cents or five dollars. The metallic syringe has the virtue of giving a continuous stream, and the vice of getting out of order readily. The Fountain syringe, a rubber article, operates automatically, is valveless, injects no air, and may be used for the ear, urethra, nose, etc., as well as for the rectum. Many prefer this, and the price (\$3.00) is in its favor. The "syphon syringe," the recto-colic apparatus, Maw's enema-pump, the "universal" syringe, and Woodward's patent, are not suited for the general practitioner. Davidson's hand-ball patent (price \$2.00 and \$3.00) is a favorite, and justly so. Although patented less than a quarter of a century ago, it is now in use universally. Until 1867 the Davidson Company were forced to obtain their rubber of manufacturers who held the patent, and consequently were liable to use a poor article. Now they make all of their material, using pure Para rubber and block-tin. Other cheaper instruments resembling theirs are sold, but the pipes are made of lead, nickel-plated, and when the plating begins to wear off the minute points of nickel cut the mucous membrane, and lead poison-



ing of a dangerous character results. Equally as good as the Davidson in many respects, and better for rectal alimentation, is Hall's health syringe, consisting of a rubber bulb and tube screwed on a glass bottle. There are no valves—steady stream and painless action. It never gets out of order, nothing but air passes through the bulb, its operation is easy and simple, and it is excellent as a nasal douche or ear-syringe. Its price is \$1.50 and \$2.00. I have both Hall's and Davidson's, and both are best of their kind. I would recommend all to possess the two patterns, and be assured that there are none better.

#### IV. THE PRESCRIPTION SCALES.

The gospel of guesswork has come to be too antiquated for the modern physician. In all of its worth precision is commended, and perhaps as warmly in the art of prescription as any where. Among medical instruments that are indispensable for everyday precision there is none better known or more abused than the prescription scales. Even though the physician is an adept in "estimating doses," or even if he has an apothecary at his elbow, there is an ever-present need of that precision which is only to be had by the use of the scales. They give no chance for mistakes, and give fine "supporting treatment" to the conscience! The pattern which we find best adapted to general office use is Troewmer's No. 1 "army scales," capacity of one ounce to one fifth grain. They may be had for \$5.00, and are handsomely mounted on a black-walnut box, with a full set of accurate weights. They are the best made. The cost of purchase will never be regretted, and no blood will be visited on the user's head.

#### V. THE HYPODERMIC SYRINGE.

Though but thirty-eight years have elapsed since Wood inaugurated the practice of hypodermic medication there is now nothing more common. The old-fashioned syringes of Hunter and Kursak have given place to some very elaborate patterns, until the most common syringes are things of beauty and excellence. It may seem supererogatory to speak in detail of the various patterns. The material is of glass, rubber, silver, celluloid, etc. The essential points of perfection are exactness of the cylinder; small, accurately bored, and sharp tube; and an exact valuation of graduation. Bartholow considers the silver instrument the best. Glass syringes break too easily, or the mountings

give way. Those with metal protection and fenestration are perhaps as good as any. Graduation should, in any case, be on the piston-rod. Otto & Sons have recently put upon the market a celluloid syringe. Stimson's pattern is of silver, and of the size of a No. 10 catheter; is three inches long, and fits into the pocket-case. Tiemann & Co. make a hollow-piston syringe, which is very compact, and can be carried in the vest-pocket. Worn on the watch-chain it makes a beautiful "charm," and there is no risk of breaking. The price is \$2.50. The same company manufacture a "hypodermic bottle," which is both novel and convenient. There are also the "painless," "air-tight," and French syringes. Greene's hypodermic case (price \$12.00) is well adapted to suit the fancy of the moneyed physician, but too costly for a poor man. The prices of syringes range from \$2.50 to \$4.50. The fenestrated (price \$3.00) and Tiemann's No. 8 hollow-piston pattern are "the best." These are always provided with a syringe, a vial, two needles, and wires for cleaning the tubes. There is practically no choice between the needles that are attached to the syringe by a screw and those attached by a slide, though we prefer the screw arrangement.

HINSDALE, N. H.

### IS TYPHOID FEVER CONTAGIOUS?

BY W. T. CHANDLER, M.D.

This is a question that has often been asked and as often controverted as confirmed.

Bad ventilation and filthy accumulations are generally brought forward as the chief if not the only etiological factors in its production. In large cities, where these contingencies may be found on almost all occasions, they offer a very ready explanation, acceptable alike to the sanitarian and to the physician. But we find endemics and sometimes almost epidemics of typhoid fever in otherwise healthy rural districts, when to all appearances the sanitary regulations are as complete as could be desired.

In confirmation of this fact and as an additional evidence of the contagion of typhoid fever under circumstances where the foci of disease were wide apart, I record for what they are worth the following clinical facts:

As to the nature of the malady there could have been no mistake. The thermometric, abdominal, and other indications of typhoid fever were plainly and unequivocally marked.



The first case occurred in the person of a white male about thirty-five years of age and could be traced to no special origin, as his residence was a new building on the edge of a woody eminence. I saw this gentleman only in consultation a few days before his death. His brother, a few years younger, who remained with him during his illness, contracted the disease about two weeks after and was removed to his father's, another healthy farm-house about two miles and a half from the original case.

After about six weeks the entire family, except the father, consisting of three younger brothers, a sister, and the mother, each in turn contracted the fever which went through its regular course. All of these recovered except one.

To add to this, during the latter cases two young men, aged respectively twenty-two and twenty-five, brothers from a neighboring farm about one mile distant, sat up alternately every night with the sick family. These also contracted the fever. Eight cases in all, with two deaths, all except the first traced to direct infection from new points of development.

Bad air, cesspools, and other city indispensables had nothing to do with these cases.

Since it has been thought by some who favor the contagion of typhoid fever that the excrements are the special causes of infection, it is worthy of remark that all these cases were night attendants upon the affected and assisted in carrying out their excreta, changing their bedding, linen, etc.

CAMPBELLSVILLE, KY.

## Correspondence.

### HOW CAN THE DOCTORS MAKE MORE MONEY?—THE SURVIVAL OF THE FITTEST.

*Editors Louisville Medical News:*

— Say a foolish thing but oft enough  
(And here's the secret of a hundred creeds;  
Men get opinions as boys learn to spell—  
By reiteration chiefly), the same thing  
Shall pass at last for absolutely wise,  
And not with fools exclusively.

—*Mrs. Browning.*

Discussion will lead to increased knowledge of any subject, if discussion leads to thoughtful study. Believing so, I desire to dip my pen into the muddle of ink which the NEWS has stirred up on the subject of doctors and their earnings.

Censor, who probably knows nothing of the special subject, advocates small fees, and thinks that the increased number of those who would pay the reduced charges would more than counterbalance the loss by reduction; in short, that if doctors would charge a reasonable fee, they would not lose a larger percentage of their earnings than men of other callings.

I think that the experience of the profession is strongly against such a supposition. In the average community one fourth of the bottom man's patients assume that they are unable to pay any thing for medical treatment. Another fourth promise to pay the nominal fee of one dollar per visit, but have no intention of doing it. This leaves one half who pay or mean to pay the doctor. Where competition has been very great, the supply being much in excess of the demand, as is generally the case now, I have seen worthy and competent men try the experiment of cutting fees, but I could not discover that it led to an increase of business.

As a matter of fact, people select their physicians as they do their sweethearts, by some law of affinity which laughs at charges or qualifications. True, the idea of qualification is uppermost in their minds, but it has no more solid foundation than the pleasing fancies that paint each one's sweetheart as superior to all others.

But Censor, probably with the ghosts of unpaid doctors' bills troubling his mental vision, rails at the presumption and incompetency of the profession in this wise: "The number of cases restored by persons not physicians, when such cases have been given up by doctors, is known to be legion."

This leads to an aspect of the case at once perplexing and humiliating. Carlyle said that the population of England was so many millions—mostly fools. The same is equally true of all other populations, and is literally true of all upon the subject of diseases and their so-called remedies.

Every intelligent and experienced physician knows and deplors the narrow limits of his art in saving life in the present state of knowledge, notwithstanding the great progress which science has made within the past generation. But not every experienced and intelligent physician has the courage to reveal the truth to those about him, because in the present state of popular ignorance modest truth is fatal to its disseminator in the presence of the pretensions of quacks and charlatans who thrive upon popular ignorance. It can not be denied in fact



that every practitioner who succeeds derives a certain profit from the ignorance and superstition of the masses, and the necessity of that profit seals his lips against the utterance of truths which if generally known would be fatal to quacks and charlatans without detracting from the real office of the true physician.

The number of people who think or reason upon any subject is not large. Those diseases which are most familiar to the people have certain fixed stages and average durations. The dear people have never seen one of these diseases *cured*—that is, *cut short* by drugs. The tendency of such diseases is toward recovery with or without treatment and under all forms of treatment. Death is the exceptional result, and occurs in nearly an equal percentage of cases whether treated by the regulars, the homeopaths, the hydropaths, the eclectics, the Thompsonians, or grandmothers' herbs, or not treated at all. The people see this and yet do not realize it. They attribute the recoveries to the treatment, whatever it may be; and the deaths they charge upon Providence or the particular practitioner who fails to cure, according to the mood of the individual. But there is nothing in the results of general practice, within the scope of non-professional observation, which will shake the faith of any one in a dogma, no matter how absurd the dogma may be to medical common sense.

Every experienced doctor has seen patients recover under his treatment after he has confidently predicted or expected death, and *vice versa*. Nature sometimes endures more and sometimes less than the most cultured intellect can foresee, and in either case the most that art can do in the case of most diseases is to reinforce nature at a weak point, and sometimes turn the tide of battle against death. The doctor can cure syphilis, intermittent and remittent fevers, and a few other diseases; but the majority of diseases he can only treat. In all he can relieve suffering more or less and add to the comfort of his patients. He can increase or diminish the action of certain organs, modify the severity of symptoms, abridge somewhat the duration of diseases, and through these means occasionally save life. But the final issue is much less dependent on drugs than even the most intelligent, or than doctors of limited experience or unlimited enthusiasm are apt to believe.

There is reason to believe that sanitary regimen has done much to lessen the ter-

rors of many epidemic and infectious diseases—much more in fact than therapeutics; and in the *emergencies* of obstetric and surgical practice knowledge and skill are often the means of saving life; and here, as in the management of disease, drugs are useful accessories when used with intelligent discretion, but it is doubtful if we can rightfully claim more.

But to return. Censor does not make all plain. For instance, suppose that the top man, who earns regularly two hundred dollars a day, should refuse all except ten dollars, how would that help the bottom man? And as to "pooling issues," that is childish. Who in this world of struggle for gain and mastery pools issues in any calling, further than to agree upon a minimum rate of charges? And even the minimum rate of a medical society is an uncertain quantity, as the right is reserved, where the patient is deemed unable to pay regular charges, to charge such sum as in the opinion of the doctor the patient is able to pay.

So, after all, the question ends where it begins. Doctors will charge what they please—some more and some less. There will always be money enough for as many doctors as are needed, and those who are crowded out must turn their hands to something else, just as men of other callings do. Physicians must continue, like other men, to be subject to the law of demand and supply.

And this brings me to the consideration of the question of success. I mean *financial* success, for there is no other difference in success worth considering, since there is none which is apparent to the people. "A Down Man" says the worthy must succeed and "J. M. W." says "the fittest will survive" in the struggle for professional existence. Here is the error which seems

"To pass at last for absolutely wise,  
And not with fools exclusively."

But it will not pass with any real student of human nature or careful observer of events. It is not true, never has been true, and I fear never will be true that success bears any particular relation to merit, unless it be true that business success is the sole merit of mankind. In every town where six or eight doctors are practicing there is an ignorant (professionally), unprincipled upstart who is overwhelmed with business, while some high-toned doctor of a high order of mind and professional culture is left to starve or eke out a miserable existence. Doctors, like other men, succeed or fail in business ac-



cording as they are endowed or not with those personal characteristics, those "elements of success" which secure prosperity in any other walk of life, and not in proportion to their intelligence, culture, professional skill, or any other order of excellence.

The practitioner who is endowed with the power to look wise and elevate his eye-brows at the right time, has a capital which is far more important to success than any which he can purchase at St. George's or Bellevue. One man may be far more formidable with a case of Humphrey's homeopathic specifics and a ten-cent pamphlet of directions for their use than a much superior man with all the wisdom of the colleges. I am aware that many successful men will flatter themselves that their success is in some way related to superior professional knowledge and skill. But having been witness for fifteen years, and in many places, of the truths which I assert, no amount of delusive flattery can change my convictions. The worthy do not succeed because of their worth. The unworthy do not fail more often than the worthy, nor do the "fittest survive" in any fit sense.

S. S. TURNER, M.D.

A. A. Surgeon U. S. A.

## Formulary.

### CASCARA SAGRADA.

Dr. R. W. Alexander, in the Therapeutic Gazette, describes a case the symptoms in which were relieved by this remedy. He says of the patient:

Her condition at this time was as follows: Sal-low complexion; general emaciation; broad, flabby tongue, coated with a thick, yellow fur; foul breath; cardialgia; headache; habitual constipation; liver enlarged, with considerable pain upon pressure. I ordered two preparations of cascara from a druggist in this city, who had gotten some for my special use. The first was Dr. Bundy's preparation, which I intended should meet the dyspeptic condition of her system, and is as follows:

℞ Cascara sag. fl. ext. (P. D. & Co.) ʒ ij;  
Acid hydrocyanici dil..... ʒ j;  
Malt extract..... fl. ʒ ij;  
Berberis aquifol. fl. ext..... fl. ʒ j.

M. Sig. A teaspoonful after meals, or oftener, if there is pain or distress with belching of gas or wind from the stomach.

In addition to the above I ordered the second, as follows:

℞ Cascara sag. ext. fl. (P. D. & Co.) ʒ ij;  
Syr. hypophosphit. co., ad..... ʒ iv.

M. Sig. A teaspoonful at night when the bowels fail to move during the preceding day.

### BILIOUS HEADACHES.

When patients are very bilious, and conjunctivæ yellow, a good cholagogue purgative will excite the action of the liver and drain away a copious quantity of bile (Canada Med. Record). Form:

℞ Hydr. subchlorid..... gr. iv;  
Pil. coloc. co..... gr. vj;  
Ext. hyoscyami..... gr. ij.

Misce et fiat in pilulæ ii. To be taken at bed-time occasionally.

A mixture of soda and bismuth with sal volatile will be useful to relieve flatulency and acidity. Form:

℞ Sodæ bicarb..... }  
Bismuth subcarb..... } āā ʒ j;  
Pulv. acaciæ..... }  
Spt. amm. arom..... ʒ ij;  
Syr. zingib..... ʒ ij;  
Aquæ puræ, ad..... ʒ viij.

Misce. Two tablespoonfuls three times a day half hour before food.

If the headache is accompanied with atonic dyspepsia, and there is a clean tongue with weight and oppression of the epigastrium, the nitro-muriatic acid will be found serviceable before meals or three times a day. Form:

℞ Tinct. nuc. vom..... }  
Acid. nitr. dil..... } āā ʒ j;  
Acid. hydrochl. dil..... ʒ ij;  
Tinct. aurant..... ʒ vj;  
Aquæ puræ, ad..... ʒ vj.

Misce. A tablespoonful in a wineglassful of water three times a day.

If flatulence is very troublesome, bismuth with nux vomica, and if there is constipation, a morning pill of aloes, nux vomica, and belladonna, or one consisting of aloes, capsicum, quinine, and ipecacuanha are indicated. Forms:

℞ Ext. aloes. barb..... gr. ¼;  
Pulv. ipecac..... gr. j;  
Pil. rhei comp..... gr. iij.

Misce et fiat pilula. To be taken daily before dinner.

℞ Quiniæ sulph..... }  
Ext. aloes aquos..... } āā gr. xij;  
Pulv. capsici..... }  
Pulv. ipecac..... } āā gr. vj;  
Glycerini..... q. s.

Ut fiat pilulæ xii. One to be taken daily before food at midday.—*Dr. Day, on Headaches.*

### SCOUR WEED (*Equisetum hyemale*).

A. B. Woodward, M.D., writes, in the Therapeutic Gazette:

No case of inflammation of the kidneys can be so successfully treated as with this simple remedy. It is also valuable in all inflammation wherever located. If there is a specific for children wetting the bed at night, it is *Equisetum hyemale*; and I have treated the worst cases of diabetes mellitus successfully when other remedies had failed to render any assistance whatever. The specific indications for its use are a fissured tongue with pain and tenderness in the region of the kidneys. If the tongue is fissured both transversely and longitudinally, and has a dark, shiny



redness, add tincture of iron. Say to two thirds of a goblet of water add—

R Tinct. equiseti hy..... ʒj;  
Tinct. ferri. chlor..... gtt. xxiv. M.

Sig. Teaspoonful every two hours for an adult.

#### ITCH.

Dr. Hardy regards Helmerich's pomade for itch as too irritating, and suggests the following modification:

Suet ..... ʒ iij;  
Sulphur ..... ʒ iv;  
Subcarb. pot..... ʒ ij. M.

A better powder still is made as follows:

Glycerin ..... ʒ vj;  
Gum tragacanth..... gr. xv;  
Flowers of sulphur..... ʒ iij;  
Carb. soda..... ʒ jss.

Perfumed as desired.

The pomade ought not to continue on the body more than twenty-four hours; then a bath, with fresh clothing, change of bedding, etc. During the following week he should use emollients of powdered starch or a glycerite of starch.—*Therapeutic Gazette.*

### Pharmaceutical.

WITH the present high price of quinine it is a comfort to the physician and a blessing to the poor to have at hand a supply of cheaper antiperiodics.

Quinidia, cinchonidia, and cinchonia are capable of doing good service as substitutes for quinine, but the first two are still expensive, while the latter, though very cheap, has so many objectionable features that we can hardly expect it ever to come into general use. Messrs. Charles T. White & Co. offer in quinquinia a substitute for the above, which is proving itself to be an agent of great value.

It contains all the alkaloids of cinchona, in an amorphous form, warranted of full strength as they appear in the bark, quinia being the only exception, and of this there is fifteen per cent. It does its work in doses no larger than those in which quinia is given and is sold in ounce bottles for one dollar each.

In this part of the country at least quinquinia is rapidly becoming a favorite with the profession.

Prepared by Chas. T. White & Co., No. 54 Maiden Lane, New York.

UNQUESTIONABLY the highest place among alterative tonics belongs to the compound elixir of the iodo-bromide of calcium. Even

if all the good things they have done and are doing for pharmacy were destroyed and forgotten, Messrs. Tilden & Co. might maintain their character and reputation by means of this preparation alone.

We have heard it praised by physicians of wide experience as a remedy of signal worth in the treatment of scrofulous affections. It is a strong combination of alteratives and tonics, such as iodine, bromine, chlorine, calcium, magnesium, iron, sodium, and potassium.

These substances in proper proportion and combination are put up in the form of a palatable elixir, which holds them in solution and presents them to the digestive organs in the best possible condition for prompt action. Prepared only by Tilden & Co., 24 Liberty Street, New York.

### Miscellany.

THE KENTUCKY STATE MEDICAL SOCIETY, 1881.—The Twenty-sixth Annual Session will be held at Covington, Ky., on Tuesday, Wednesday, and Thursday, April 5th, 6th, and 7th, commencing Tuesday, April 5th, at 12 o'clock M.

The following is the programme:

Prayer.

Report of Committee of Arrangements—J. M. Riffe, M.D., Covington, chairman.

Reading of minutes and appointment of Committee on Credentials.

Report of Committee on Publication—D. S. Reynolds, M.D., Louisville, chairman.

Report of Treasurer—John D. Neet, M.D., Versailles.

Report of Corresponding Secretary—J. N. McCormack, M.D., Bowling Green.

Report of Recording Secretary—L. S. McMurtry, M.D., Danville.

Report on Improvements in Surgery—G. L. Dunlap, M.D., Danville.

Report on Improvements in the Practice of Medicine—C. H. Thomas, M.D., Covington.

Report on the Progress of Obstetrics—S. S. Watkins, M.D., Owensboro.

Report on Dermatology—L. P. Yandell, M.D., Louisville.

Report on Gynecology—W. H. Wathen, M.D., Louisville.

The President's Address will be delivered at 7:30 P. M.

#### WEDNESDAY.

Report on Epidemics—J. P. Thomas, M.D. Pembroke.

Report on Materia Medica—Turner Anderson, M.D., Louisville.

Report on Vital Statistics—W. W. Cleaver, M.D., Lebanon.



Report on Medical Ethics—H. M. Skillman, M.D., Lexington.

Report on Finance—Geo. Beeler, M.D., Clinton.

Report of a Case of Battey's Operation—J. N. McCormack, M.D., Bowling Green.

Report on Cholera Infantum—Preston B. Scott, M.D., Louisville.

Report on Diseases of the Rectum—J. M. Mathews, M.D., Louisville.

Report on Typhoid Fever—C. H. Todd, M.D., Owensboro.

Report on Ophthalmology—W. Cheatham, M.D., Louisville.

Glaucoma—J. H. Letcher, M.D., Henderson.

The Use of the Removable Paper Brace in the Treatment of Spinal Disease, with the exhibition of Splints—Ap. M. Vance, M.D., Louisville.

The Therapeutic Uses of Quinine—J. M. Harwood, M.D., Shelbyville.

Puerperal Convulsions—A. W. Morris, M.D., Elizabethtown.

Practical Sanitation—Pinckney Thompson, M.D., Henderson.

Report on Diseases of the Urinary Organs—R. O. Cowling, M.D., Louisville.

The Treatment of Typhoid Fever—L. S. McMurry, M.D., Danville.

Epidemic and Contagious Diseases—R. W. Dunlap, M.D., Danville.

#### THURSDAY.

Report on Otology—M. F. Coomes, M.D., Louisville.

Deaf-mutism—George Cowan, M.D., Danville.

Report on Scarlatina—J. D. Bryan, M.D., Lexington.

Report on Diphtheria—S. M. Hobbs, M.D., Mt. Washington.

Report on Meningitis—A. W. Johnstone, M.D., Danville.

The Sanitary Movement—John J. Speed, M.D., Louisville.

Plumbism from Cosmetics—J. W. Holland, M.D., Louisville.

Infantile Tetanus—J. A. Larrabee, M.D., Louisville.

Mechanical Aids to Diagnosis in Heart-disease—F. C. Wilson, M.D., Louisville.

Diagnosis of Diseases of the Chest—M. T. Scott, M.D., Lexington.

Uterine Displacements—J. A. Ireland, M.D., Louisville.

Uterine Subinvolution, its Pathology and Treatment—Edward Alcorn, M.D., Hustonville.

Bright's Disease—A. D. Price, M.D., Harrodsburg.

#### OFFICERS.

*President*—L. Beecher Todd, M.D., Lexington.

*Senior Vice-president*—J. P. Thomas, M.D., Pembroke.

*Junior Vice-president*—James H. Letcher, M.D., Henderson.

*Corresponding Secretary*—J. N. McCormack, M.D., Bowling Green.

*Recording Secretary*—L. S. McMurry, M.D., Danville.

*Committee of Arrangements*—J. M. Riffe, M.D., W. W. Henderson, M.D., Chas. Kearns, M.D., C. H. Thomas, M.D., Richard Pretlow, M.D., Covington.

#### TRANSPORTATION.

The Louisville, Cincinnati & Lexington Railway will charge one and two thirds fare for round trip.

The Kentucky Central Railroad will charge one and one third fare for round trip.

Members will pay full fare going and two thirds and one third fare respectively returning.

The Cincinnati Southern Railway will furnish round-trip tickets at two and a half cents per mile each way.

The Memphis & Ohio River Packet Company's steamers will make the usual reduction of rates to members.

Information respecting hotel accommodations, etc. may be obtained by addressing any member of the Committee of Arrangements at Covington.

Special attention is directed to the following resolution, adopted April, 1877:

*Resolved*, That at all the meetings hereafter all executive, miscellaneous, and other than purely scientific business be limited to the first hour of each morning session.

**NATURAL BONE-SETTING.**—The career of the Italian bone-setter, Regina Dal Cin, who has just returned to her native hills after a triumphal year of residence in this country, is like a bit of the surgery of a past age revived from its sleep of a hundred years to give us a demonstration of the mode in which surgery was divided into fragments, and illiterate specialists itinerated from place to place seeking occupation. The stone-cutting expeditions through Europe of Friar Jacques strongly resemble the bone-setting journeys of Madame Dal Cin to Vienna, Trieste, and America. Even the record of the dirty monk that "most of the Parisians looked upon as a physician sent from heaven for the relief of mankind" is equaled by the claims for a special heaven endowment made for the illiterate peasant woman. A native of an obscure village in the north of Italy, the daughter of an inn-keeper, without education, unable even to read in her own language, self-instructed, she has acquired such tact and facility in the manipulation of joints which have been the subject of chronic diseases that in selected cases she has been able to accomplish most excellent curative results. Her local reputation in Italy attracted the attention of an officer of high rank in the United States Navy, who took his child, the subject as was believed of an incurable joint-disease, to her for treatment. The child having been greatly benefited, the case became the occasion of a highly-wrought article descriptive of the powers of the *manipulatrice* from the pen of the father in one of the most popular magazines. A wealthy and influential family in Brooklyn, one of whose daughters was crippled from spinal and joint affections, attracted by her reputed powers, took their daughter to Italy and placed her under



the care of this person, and eventually persuaded her to return to this country with them, where her stay was prolonged more than a year. . . .

Her method of treatment was to keep the affected joint continuously poulticed from ten days to two weeks with a poultice of marsh-mallows; during this time gentle movements and firm rubbings were daily impressed upon the joint, and the expectation of the patient constantly excited as to the time when the final maneuver was to be made by means of which the distorted bone was to be put back in its place. After sufficient of this preparatory treatment had been made the final *coup de grace* was affected by a series of quick movements, and an exclamation from the operatress that at last it was done! As a rule all her manipulations, even final climacteric performances, were nearly painless. Great improvement in the usefulness of the affected joints resulted in many cases. This woman, now about sixty years of age, is said to be modest, kind, and gentle in her manners, and is undoubtedly firmly and honestly persuaded that the conditions which she imagines to be present in her patients really exist; for how otherwise could we explain the success of her treatment, which has been so great as to secure for her, after repeated legal prosecution for practicing without qualifications, an official decree from the Minister of the Interior in the Kingdom of Italy authorizing her to treat dislocations, fractures, and hip-disease!

A review of her methods shows that they are as perfect as if they had been devised by one profoundly versed in psychology and pathology. The expectation of the patient, his confidence in the result, and the coöperation of his will, are all enlisted by them. She probably never heard of Tuke on "The Influence of the Mind upon the Body," but she could not have done more wisely if she had closely studied it. She believes in herself as thoroughly as Bonaparte did in his "Star of Destiny;" to her every case is an engagement, and every patient she makes an Old Guard. The real condition of the joints, in the manipulation of which her success is so signal, can very rarely be that of dislocation, or even of subluxation.

Those who have read that most delightful and profitable little book of Wharton P. Hood, entitled "On Bone-setting," will retain a vivid remembrance of the clear manner in which he demonstrates the function of persistent bands of adhesion, both extra- and intra-articular, in producing permanent

lameness of joints after all inflammation has subsided. The profession owes a debt of gratitude to Dr. Hood that he availed himself of the opportunity to study the methods of one of the ablest bone-setters, and that having pursued his studies after scientific methods he has given us the results he has. These cases of lame joints confront every practitioner continually, too often they constitute an *opprobrium chirurgicum*; and when, after having been long unrelieved through want of skill or attention of the educated practitioner, they are cured by the manipulations of a bone setter, they bring scientific surgery into discredit. It is our conviction that in a majority of cases of stiff joints the obstacle to motion exists less in intra-articular effusions and adhesions than in the changes which the extra-articulate structures have undergone; stiffened and adherent muscles and ligaments, contracted fasciæ, tendons, and sheaths inseparably blended, conditions which have developed from old inflammations about a joint or from prolonged disuse after bruises or other injuries, these are the chief causes of disability. How admirably the emollient poultices, the rubbings, and the movings practiced by the Italian woman are adapted to promote the absorption of effusions, the stretching and rupture of adhesions, and the restoration of tone to debilitated structures! It is true that no new principle, no new method, is found in her practice. She is but a skillful *masseuse*. The reason why physicians in general so often fail to relieve the cases in question, and so permit them to fall into the hands of empirics, is that these details of poulticing and rubbing and moving demand a degree of patience and devotion to trifling details which is possessed by few. As in so many other things the brilliant successes of such a person as Madame Dal Cin alone are heard of, while of the many failures and occasional disasters nothing is said. We are cognizant of one case in which she awakened in a hip-joint acute inflammation which terminated in abscess and necrosis. The scientific surgeon weighing carefully all the elements of the problem which each case that comes before him presents, will determine what cases are the proper ones to submit to manipulation and what to leave undisturbed. In his hands the same brilliant successes will be secured by the same methods in the one class of cases, while in the other disasters will be prevented. Under the guidance of the educated surgeon Madame Dal Cin and such as she might do work of yet



greater value. The methods of the natural bone-setter, as in the case of the English Hutton and the Italian Dal Cin, may sometimes repay the consideration of the educated surgeon. It may be a mistake always to ignore them, or to invariably dismiss their work with a sneer and the epithet of quackery.—*Annals of Anat. and Surg. Jan., 1881.*

**DEATH FROM OPENING AN ABSCESS.**—Another illustration of the peculiar dangers to which medical men are exposed in the practice of their profession is afforded by the lamented death of Dr. Ferdinand Jencken, of Kingstown. It appears that on January 1st Dr. Jencken opened an abscess in the arm of a poor woman, having on his thumb at the time of operating a cut or abrasion so slight as to have been entirely overlooked. The hand and arm, however, soon afterward became violently inflamed, symptoms of pyemia rapidly supervened, and death closed the scene.—*London Lancet.*

**ON THE ABSORPTION AND ELIMINATION OF QUININE.**—From a series of experiments undertaken on this point, Professor Lepidichioti (*Il Morgagni; La Presse Méd. Belge*) concludes as follows: 1. Quinine is certainly not eliminated by the saliva; 2. It is not eliminated by the sweat; 3. It is not absorbed after friction upon the skin; 4. It appears at the end of thirteen to fifteen minutes in the urine when it has been administered by hypodermic injection; 5. It appears after fifteen to seventeen minutes when it has been administered by the mouth and the primæ viæ are in good condition; 6. It is perceptible at the end of twenty to twenty-five minutes when it has been administered by means of the entero-clysm, and the patient has retained this for some time; 7. It is found at the end of thirty to forty minutes when it has been injected by the aid of the ordinary clysopompe (Davidson's syringe), and has been retained some time.—*St. Louis Courier of Medicine.*

DR. HAMMOND'S daughter, the Marquise de Lanza, has just completed a novel, to be published by the Putnams, the plot of which turns on the idea of double consciousness. The heroine, while in the "second state," engages herself to be married, and when she recovers her normal condition has forgotten all about it. Dr. Hammond will write a preface to the book upon the subject of double consciousness.—*Boston Medical and Surgical Journal.*

HAHNEMANN, the founder of the homeopathic school, was one day consulted by a wealthy English lord. The doctor listened patiently to the patient (*New Orleans Med. and Surg. Journal*). He took a small phial, opened it, and held it under his lordship's nose. "Smell! Well, you are cured." The lord asked, in surprise, "How much do I owe?" "A thousand francs," was the reply. The lord immediately pulled out a bank-note and held it under the doctor's nose. "Smell! Well, you are paid."

LA SALLE, ILL., is to have sulphur and sulphuric-acid works, to be completed in ninety days and employ one hundred hands.—*Oil and Drug News.*

The extent of the consumption of sulphuric acid by any nation, it has been well said, is a true index of its commercial prosperity.—*Prof. Barker, of Yale College.*

A MEDICAL student at Birmingham, last week, was found dead in his father's surgery. It would seem from the evidence adduced at the inquest that the fatal result was due to taking prussic acid, probably inadvertently.—*London Lancet, Feb'y 5th.*

## Selections.

**Hemoptysis.**—An extract from Lecture II of the Harveian Lectures. By James E. Pollock, M.D., F.R.C.P. (*British Med. Journal*):

Hemoptysis has a leading place among the events of chronic disease of the lung; and new doctrines have recently been enunciated about its influence, both as a cause and consequence of such affections.

Hemoptysis is generally a symptom of congestion, which, in such cases, is the real condition to consider and to treat. It is only another word for pulmonary apoplexy of greater or less extent. There is another and very fatal form, which is a mere leakage from a broken vessel, and almost always the result of the rupture of a small aneurism of the pulmonary artery.

There are therefore two kinds of hemorrhage from the lung—the congestive and the passive.

To those who hold that chronic changes in the lung are due to inflammation, a hemorrhage arising from increased afflux of blood to a highly vascular tissue, is no unexpected event. It is in fact a part and a symptom of congestion.

On the other hand, the school who believe in tubercle formation being the essence of lung induration are puzzled to account for it. I would remark that acute tuberculosis—by which I mean an invasion of a large tract of one or both lungs by the gray miliary (millet seed) tubercle—is not accompanied by hemoptysis. The acute croupous pneumonia has its colored sputa (colored, that is by exuded blood); but hemorrhage as such is not a feature in the case.

I think we need not discuss the question whether



hemoptysis is of pulmonary or of bronchial origin. It is almost always pulmonary.

Whether the first step in the lung induration be an inflammation or tubercular, we may, I think, concede that excepting in the slowest and most insidious forms it is accompanied by congestion of lung-tissue, and hence the great prevalence of hemoptysis. It will be remembered that the earliest changes in phthisical lungs are shedding of alveolar epithelium and block of the air-cells, with consecutive small cell changes in the walls of the cells and in the intercellular tissue, in which lie the blood-vessels and lymphatics of the lung. Engorgement is sure to follow, and impeded return of venous blood, while the tissues become softened and disorganized.

The occurrence of congestive hemoptysis at the beginning or in the progress of phthisis is accompanied by a high temperature, running up to  $104^{\circ}$  or  $105^{\circ}$ . Its persistence may also be gauged by the thermometer and by the pulse. Should a more or less sharp hemoptysis subside, the temperature falls and the pulse becomes soft.

Should the bleeding initiate a lung attack—that is, occur to a person apparently in good health—we may expect it will be followed by the signs of consolidation of a portion of lung and the events of phthisis. There is a form of rapid phthisis, of which I have given an instance, which proceeds with great activity after an initial florid hemoptysis of some extent; and we must be on the lookout for such, and remember that it proceeds by progressively causing patches of consolidation in the lung, of which you will have the usual physical signs.

Should congestive hemoptysis occur (as it generally does in the course of chronic phthisis, you may have a long pause, or suspension of the active symptoms following its cessation. I have so often had occasion to observe this event that it seems well worth bearing in mind when called on to deliver an opinion on the result. How often also do we witness repeated attacks of rather profuse hemoptysis at long intervals in the same patient? That a second and third hemoptysis may succeed is almost certain, and that an appreciable amount of relief to the lung is produced by the bleeding I have no doubt. All these events bear strongly on the proposition that the local congestion of the lung has much to say to the clinical history of phthisis. I shall afterward speak of its bearing on the treatment.

**Treatment of Pain by Mechanical Vibrations.**—The action of metallic applications—metal-therapy—of which we have heard so much in the last few years, was best explained on the theory of vibrations by Vigouroux, who proceeded to experiment upon the effect of sonorous vibrations, which he thought might have a direct mechanical effect on the sensory nerves (London Lancet). By the aid of a large tuning-fork and sounding-board he caused hemianesthesia to disappear, and provoked contractions in hysterical subjects at la Salpêtrière as rapidly as with the magnet or electricity. The pains of an ataxic were subdued when his legs were brought under the influence of these sound-waves. M. Boudet de Paris then thought that this might be applied locally over a nerve, the sonorous being changed to mechanical vibrations by means of a small button attached to the resonator and applied over the nerve. He therefore contrived a small apparatus consisting of an electrically-mounted tuning-fork, the vibrations of which were transmitted to a rod which could be

easily applied over a nerve. In a healthy man this mechanical excitation produced rapid local analgesia, often anesthesia, the maximum effect being produced by application over a nerve which could be compressed on a bony surface. When placed against the skull its walls vibrate in harmony with the tuning-fork; and a sensation of approaching vertigo, often followed by a desire for sleep, is produced. An attack of migraine can be cut short by the application. Neuralgia—especially of the fifth, where the nerves issue from bony canals—disappears after a few minutes' application of the instrument to the nerve at such points; but in the case of deeper-seated nerves, much protected by soft parts, it is more difficult to get good results. The writer suggests this treatment for the pains of ataxics and syphilitics. He thinks there is no limit to its application, and suggests that perhaps cranial vibrations may induce cerebral and thus general anesthesia. Its mechanical action is comprehensible when we see how simple friction of the skin may soothe very acute pain. He does not regard the number of vibrations as important. This, however, is, we believe, a point on which Dr. Mortimer Granville lays great stress.

**Restoration of an Asphyxiated Infant.**—In a communication to the Académie des Sciences M. Goyraud calls to mind that M. Gustave Le Bon, in a note published in the *Comptes-Rendus* of 1872, indicated as a certain method of recalling to life young animals that had become asphyxiated the plunging them into a bath the temperature of which was gradually raised from  $38^{\circ}$  to  $48^{\circ}$  C. M. Goyraud has recently had occasion to employ this means for a new-born infant which had been delivered by the forceps. When the infant was extracted the movements of the heart had entirely ceased, and various means for restoring animation, including artificial respiration, were persevered in for nearly two hours. No sign of life appearing, the infant, already become cold, was plunged into a bath heated from  $45^{\circ}$  to  $50^{\circ}$  C. ( $113^{\circ}$  to  $114^{\circ}$  F). Thirty seconds had hardly elapsed when the first inspiration was observed to take place, and was quickly followed by free respiration, the infant in the course of five minutes having become full of life.—*Gaz. Hebdomadaire, January; Med. Times and Gazette.*

**Rapid Cure of a Popliteal Aneurism by Digital Compression of the Femoral Artery.**—John Kay, age thirty-two, consulted me for severe pains in the right leg and inability to flex the knee freely (J. B. Brierley, in British Med. Journal). On examination I discovered a small aneurism in the popliteal space. I did not interfere at first, but the pain in a few weeks was so great that the patient could with difficulty walk across the room, and he urged me to do something to relieve him. I completely stopped the circulation through the femoral artery by pressure applied to it just as it enters thigh. This was kept up for eighteen hours, when I asked the assistant to release the pressure a little while I laid my finger over the aneurism. On the pressure being completely removed the pulsation could scarcely be felt, but a thrill indicated the circulation was not entirely obstructed. At the end of twenty-four hours pulsation had entirely ceased, the artery was completely occluded. The patient rapidly recovered use of leg, the pain immediately disappeared. There has not been a bad symptom since. The assistants employed were the patient's sister, my own stable lad, and two medical friends.



# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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R. O. COWLING, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M. D., . . . . . Managing Editor.

THE following returns are made from the New York schools of medicine:

The medical students in New York City during the past winter have numbered as follows: College of Physicians and Surgeons, 555; Bellevue Hospital Medical College, 350; University Medical College, 750; Woman's Medical College, 60. In the veterinary colleges there have been about 75 students, making a total of about 1,800. The students in the two homeopathic and one eclectic school would raise the number to about 1,900.

When it is remembered that last year, before the authorities at Bellevue required that their candidates for admission should be able to spell baker, and give other such like evidence of pathological possibilities, their class was close on to six hundred—it will be seen how fearful were the casualties following elevation of the standard.

The University of New York, which never did run upon a reform ticket, and has carefully cultivated its morals so as not to be too good for this wicked world, thrives apace. Seven hundred and fifty indeed! Who will dare swear that in this army may not be found Pagets, Billroths, and Niemeyers by the score? The doctrine of chances upon the basis of mere numbers is in its favor.

Bellevue, as all the world has been told several times, has failed; but it is not so generally known that reform at the metropolis does not cease with Bellevue's efforts. The College of Physicians and Surgeons at this very writing is pushing along a superior standard of its own making, and, as we

hear, not without hopes of some success. It has added two months to the regular term, so that they who used to scatter in March must now hang on until May. This looks like something, and in so much we wish the school success. But we have an abiding idea that the fault of American teaching does not lie more in short terms than in faulty methods; that if the whole science of medicine is to be crammed into every course, it would perhaps be better for the bore to be over at the end of five months than at seven. Upon gradation of subjects, demonstrative teaching, and text-book studies depend the only basis of true reform.

THE Kentucky State Medical Society meets upon the 5th at Covington, and no doubt will run a happy course. It must be so when good fellows meet to exchange their greetings after another year gone by, and particularly so when such reinforcements come from the cheery hearts across the way. Our best wishes and our congratulations go to Covington with such deep regrets. It adds another pang to rheumatism, which trips us of our legs, to know that the Society must meet and go and we not be with it.

IN this issue Prof. Parvin publishes the first chapter of his long-looked-for work on Midwifery. The book will be before the profession by October next. We feel under many obligations to Professor Parvin for his selection of the NEWS as a medium for the introduction of his treatise; and we feel



quite assured that if the pace of this preliminary canter is kept up, our western nag goes straight to victory.

Professor Parvin is not altogether satisfied with his definition of Midwifery, and holds it subject to modification. To our mind—though not much tutored in these ways—Midwifery is best defined as that branch of medicine which has charge of the woman and her offspring during her pregnant, parturient, and puerperal states.

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A PHILADELPHIA journal attacks us for our praise of Messrs. Wm. Wood & Co.'s Library of Standard Authors. We can not see for the life of us why it does so. What we have said in its praise was in the utmost good faith, and we reiterate that we consider the enterprise as commendable as any undertaken by an American publishing house. If some of the works issued are by men not so generally known as the authors of the other books, that does not interfere at all with our proposition that the subscription-price is marvelously low. It would be so indeed if nine tenths of the authors were unknown to fame. Philadelphia stands too high in the annals of medical publishing to care what comes from New York. We take it that the complaint of the editor must be merely personal.

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MR. TENNYSON AND THE MEDICAL PROFESSION.—I do not think for a moment that among those who know him Mr. Tennyson needs any champion; and I am sure that no one who has ever conversed with him upon topics which affect the medical profession would accuse him of a sneering spirit toward that profession or its members (Geo. H. R. Dabbs, in *British Med. Journal*). But as one of his later poems, *In the Children's Hospital*, has been supposed to point a personal allusion, besides involving, so its critics say, a most derogatory reference to the profession at large, I trust I may be allowed a short space in your valuable columns to assure Mr. Tennyson's critics in the profession that I have it from his own lips that he had no medical personality in his eye, either a "Dr. M." or any one else, when he penned

the lines in question; that the poem was intended to be a dramatic poem, and such it is, and that its words can be no more taken as implying a distinct insult to one profession than the poem of Rizpah can be supposed to involve a similar insult to another calling high in the land. Were it within the province of this letter I might give very decided testimony as to what Mr. Tennyson really thinks of our profession, and perhaps my evidence might be slightly at variance with the extracts which your correspondents have robbed of their context value, and from which they have endeavored to deduce the poet laureate's chronic ill feeling toward us. But though I do not mean to invade the sacred territory of private conversation by such pleading, I must be pardoned if I urge in all humility that this system of shifting upon an author as his personal opinion the working out of his dramatic purpose is altogether novel in art and reprehensible in criticism.

"And he said likewise  
That a lie which is half the truth is ever the blackest  
of lies,  
That a lie which is all a lie may be met and fought  
with outright,  
But a lie which is part a truth is a harder matter to  
fight."

Whether this verse or "Seventy years ago, my darling, seventy years ago," be the more appropriate as a comment upon this discussion is perhaps a matter of taste; but that the *Grandmother* is the proper poem to look to for a quotation that shall suit the case admits of no doubt.

While leaving the critics to settle the question as to whether or not the laureate may stand in the grandmother's position as to calumny, we must confess to a fear that he is at length fitted to fill that kind old lady's place in the matter of dotage.

That the genius which created the wild witchery of Maud and made us feel the tender pathos of *The May Queen* should have conceived of and executed such a performance as *In the Children's Hospital* staggers belief, and awakens within us the melancholy reflection that even the god-like gift of song must fail at length, while wisdom, wit, and genius give their sons no talismanic charm whose power shall shield them from the withering touch of time.



## Original.

## MIDWIFERY.

BY THEOPHILUS PARVIN, M.D., LL.D.

Midwifery, as one of the fundamental divisions of Medicine, claims equal rank with Practice and Surgery in knowledge, in dignity, in beneficence, and importance.

The term etymologically means, and for a long time historically meant, the care of women in childbirth by women. The word midwife\*—variously spelled *medewif*, *mydwiif*, *mydwyf*, *mydwyfe*—is found in our language as early as the thirteenth century. The coarse, contradictory compounds, man-midwife and man-midwifery, first occur about three centuries later.

The early history of all peoples, and the earliest history of our race, show that the obstetric art belonged exclusively to women. Doubtless among primal races and in primitive times child-bearing was less often attended by difficulties and dangers. Indeed, if we credit some of the most eminent Greek writers, section of the umbilical cord was reckoned the most important function of the midwife. As early as the time of Hippocrates she was called the *omphalotomist*. But there came a time in Greek history, if the story of Agnodice be true, when the practice of obstetrics, as well as all other exercise of the medical art, was forbidden women. This famous woman, disguising herself as a man, pursued her medical studies under the best teachers, Hierophilus being the most noted of these, and, still preserving her disguise, entered professional life. Secretly revealing her sex to Athenian women, she soon had so large an obstetric practice that the jealousy of her male competitors was aroused, and by them she was charged with

\*I am indebted to Professor March, of Lafayette College, Easton, Penn., for the following note:

*Midwif* does not appear in the Anglo-Saxon so far as yet explored; but in the earliest Old English vocabulary, the Promptorium Parvulorum, is *mydwyfe*, obstetrix (A. D. 1440). It is found earlier, in Peirce Plowman, A. D. 1394; Myrc's Duties of a Parish Priest, A. D. 1400, spelt *mydwyf* and *midwif*. In Wycliffe's Bible, A. D. 1380, it is *medewife*, and in the later version of that Bible *mydwiif*; William De Shoreham's Poems, A. D. 1330, *medewif*. This is the earliest appearance I know of.

I suppose it to be from *mid* and *wif*. The prefix *mid* is common. *Mid-coyshta*, a co-worker, is found in Anglo-Saxon; in Dutch, *mede-broeder*, a companion; German, *mit-bruder*; D. *mede-gemoot*, G. *mit-helfer*, etc. The idea is that of the Spanish *co-madre*, co-mother, a midwife, and like the German *bei-frau*. It may be conjectured that as a doctor's word it was liable to fanciful learned spelling, and that the Latin *medius* led to its being spelt *medewif* occasionally, or that the Dutch form influenced it. At any rate, this bad spelling led to the theory that it was *mede-wife*, which has been favored by Trench and others. The theory working in the minds of the early writers may also have led to the spelling. It is, however, a comparatively rare spelling, and the derivation suggested by it improbable.

debauching women. Brought before the venerable Areopagites for trial, her successful defense was making known her sex.† Her accusers, thus signally foiled, then pressed the charge of violating the law to which allusion has been made; but by the intercession of Athenian matrons the court repealed the law.

In striking contrast with the results of Agnodice pursuing in male attire her profession was the consequence to Dr. Werdt, of Hamburg, in the year 1522, of taking the dress of a woman, and, his sex being thus concealed, attending a case of labor. For this act he was burned alive.

It has been suggested that the change in modern times from female to male obstetricians was the consequence of Louis XIV employing Julien Clement‡—who did not anticipate that this ministry would create in language a new word, in society a new condition—to attend Mademoiselle Lavalliere in her confinement. The example set by a French king, and promptly followed by a French court, could hardly have been so powerful. The causes were general and in their influence gradual, not so purely local and immediate. They were found in the increasing difficulties of parturition consequent upon advancing civilization, the concentration of population in great centers—one part of that population in wealth, luxury, and idleness; another part at the opposite extreme of poverty and physical distress—and thus the difficulties referred to result—dynamic on the one hand, mechanical upon the other. But chiefly must this change be attributed to the superior qualifications of male practitioners. Nevertheless advancing morals and a growing confidence in the chastity of women and the virtue of men I think must be reckoned a factor. The Saracen sensuality, which made harems and jealously guarded their inmates by eunuchs, and which completely concealed woman's face with veil, was scarcely less antagonistic to male obstetricians than that suspicious spirit of Christian knights which led them to secure the purity of their wives by cruel vulval rings and careful locks.

But whatever the causes, in spite of natu-

† Hyginus, a Roman writer who lived in the first century, B. C., states that the Areopagites being assembled, Agnodice *tunicam allevavit et se ostendit fœminam esse*. It is worthy of remark in this connection that in one of the first Christian centuries a bishop and patriarch charged with similar crime, before Church Councils, by similar exposure of person were vindicated, for they were eunuchs.

‡ C'est à la faiblesse d'une femme et à la mystérieuse galanterie de Louis XIV, qu'on doit le premier exemple de l'intervertissement de cet usage. *Biographie des Sages-Femmes Célèbres*. Par A. Delacoux, D.M.P., Paris, 1833.



ral instincts, strong prejudice, and of long and universal custom, and in opposition to violent protests,\* a very considerable portion of the empire of obstetrics gradually passed into the hands of men. Fortunate indeed was the change, for the development of Midwifery as a science and its increased value as an art, made during the last two centuries are almost exclusively the work of man. Whatever opportunities of instruction France furnished her *sages-femmes*—and provision for such instruction was made very much earlier in this country than in Germany—the English midwife had little required of her to obtain her license. This license was conferred by the bishop of the diocese, or his chancellor, upon the certificate of the minister of her parish as to her good character, and the recommendation of respectable matrons as to her skill and knowledge. From Burns's Ecclesiastical Law it appears she gave the following pledge: You shall not in anywise use or exercise any manner of witchcraft, charm, or sorcery, invocation, or other prayers than may stand with God's law and the king's. An Archbishop of York directed that "all curates must openly teach and instruct the Midwives of the very wordes and forme of baptisme," etc. Such pledges and instructions would little help in prolapse of the umbilical cord or in placenta previa, or in performing podalic version. Nevertheless it seems to have been the custom of the professor of obstetrics in the University of Edinburgh, about the middle of the eighteenth century, to give instructions to midwives, furnishing them with certificates of attendance upon his lectures; but the number thus educated must have been very small.

In many of the large cities of this country there are numerous midwives, most of them claiming European education, and doing large if not lucrative practice. Their employment, however, is chiefly by emigrants from Europe, and in the great majority of cases from motives of economy rather than regard for sex.

Considering the many centuries that Midwifery was the exclusive province of women, and the large share of it that still belongs to them, their contributions to its development have been very few. I am not unmindful of the fact that we have in this country and in some others an increasing number

of thoroughly educated female physicians, and that some of these are distinguishing themselves as teachers or by their contributions to Medicine. Without even desiring to detract an iota from the just fame of these women, and fully recognizing the value of such works as those of Louise Bourgeois, of Justine Siegemundine—whose work on obstetrics, 1690, was, according to Siebold, the best that had been produced in Germany up to that time—of Madame Lachapelle, and of Madame Boivin, one may assert that it will require far more and greater than all these to reverse the verdict of history and restore woman her former obstetric empire. The question as to male or female obstetricians is one to which the future brings the practical solution; and that solution will be determined not by sex, but by knowledge, science, skill. Wherever these are there the final victory comes.

Meantime and moreover there is ample opportunity for the development of Midwifery, growth of science, increased certainty and efficiency of art. That development will doubtless be more medical than surgical, more in prevention than in cure; in a word, the future will advance obstetric medicine more than obstetric surgery. The midwife will not disappear, but as the male obstetrician will become more intelligent and better qualified, each thus insuring greater respect for the art. The exercise of an art by ignorant, incompetent persons tends to the disparagement of that art by the public and sometimes by the profession.

In some important respects Midwifery differs from Practice and Surgery. The most striking of these is that it has in charge two lives instead of one. The saving of both is, of course, the obstetrician's first object; but sometimes this is impossible, the one must be sacrificed that the other may be preserved, and thus the gravest questions in casuistry are presented him.

Again, the emergencies in obstetric more frequently than in medical or surgical practice are sudden, and require to be met promptly if met successfully. Frequently such emergencies will not allow consultation of books or with a fellow practitioner—scarcely even time for internal debate. Questions suddenly put must have instant answer, and immediate as is the peril must be the means for its aversion.

Finally, a fatal result occurring, the public is very apt to visit unjust reproach upon the practitioner; for they do not see why a natural, physiological process should ever ter-

\*In illustration see the following work published in England in 1793: *Man-midwifery Dissected; or the Obstetric Family Instructor*; containing various Arguments and Quotations proving that Man-midwifery is a Personal, Domestic, and National Evil.



minate in death or in only partial recovery. They can understand that a lithotomy, a crushed limb, or a cerebro-spinal meningitis, or a membranous croup may be mortal, but that childbirth may kill is not so well understood. The obstetrician thus rests under increased responsibilities, and he is liable to severer censure in case of failure or of misfortune than the physician or surgeon.

Midwifery in its widest meaning signifies not merely the care of women during childbirth, but also in pregnancy and in the puerperal state; it is the science of human reproduction; it is the art of conducting that process to a successful issue.

A classification of the subjects thus embraced in this department of Medicine must necessarily be somewhat arbitrary and imperfect, for all classifications are merely individual theories of incomplete knowledge. The study of the female pelvis is necessarily first in the didactic teaching of Midwifery; but this study need not include the separate bones of which the pelvis is formed, for they are fully considered in works and by teachers of anatomy. Furthermore, it should embrace the differences between the male and female pelvis, between that of the child and of the adult, and also racial differences. We will have thus presented a part of what may be termed obstetric anatomy. Next the anatomy of the female sexual organs and their physiology should be considered; with these organs the mammary glands are included, as from a physiological standpoint they are uterine appendages designed to carry on the development of the young after the uterus has fulfilled its functions. Thus the introductory part of Midwifery will be completed. The three remaining divisions are Pregnancy, Parturition, and Puerperality, the physiology and then the pathology, with its therapeutics, of each of these divisions being treated in order.

INDIANAPOLIS, IND.

## TWO CASES OF TYPHO-PNEUMONIA.

BY E. J. KEMPF, M.D.

CASE I.—Master J. S., aged fifteen years, a stout farmer lad, complained of weariness and tired limbs for several days, which was followed by fever. He took quinine, but as the fever continued I was called in. His temperature was  $102^{\circ}$  F. in the morning; pulse 110, regular, soft, and full; no appetite; sleeplessness; diarrhea; tongue dry and

red; epistaxis; tympanites and tenderness over abdomen on pressure, especially over the right iliac fossa; nausea; severe headache over right eyebrow. I ordered three grains of quinine every four hours, occasional Dover's powders in five-grain doses, fomentations over the abdomen, cold applications to the head, also wine and whisky alternately.

On the seventh day I found the patient with a temperature of  $105^{\circ}$  F.; pulse 130 and wiry; tongue cracked, dry, furred, and very painful; black sordes on the teeth and gums; epistaxis continued; vomited every thing excepting claret wine; diarrhea of a greenish black hue; tympanites and tenderness of the abdomen; cough, and a pain in the right side. The lobes of the left lung were hepatized; bronchial breathing upon auscultation, dullness upon percussion. Ordered quinine in four-grain doses every four hours, turpentine in fifteen-drop doses every two or three hours, and claret wine *ad libitum*. Fomentations to the abdomen and chest were continued.

On the fourteenth day I found the patient very weak, delirious, complaining of headache. Tympanites, diarrhea, and epistaxis continued; temperature  $103^{\circ}$  F.; pulse 110, full and wiry; tongue fissured, black, and raw; teeth covered with black sordes; expectorates a charcoal-like substance mixed with blood; pain over the right side; dullness on percussion, and upon auscultation broncho-vesicular breathing. Continued the quinine, turpentine, and claret wine.

On the twenty-first day the patient was still delirious at times, complaining of headache, tympanites, diarrhea, and epistaxis; no appetite; expectorates mucus and black blood, the latter coming from the nares; pain on the right side; on auscultation broncho-vesicular breathing; temperature  $101^{\circ}$  F.; pulse 110, full and regular. Continued the treatment, patient taking now also whisky, having lived on claret wine fifteen days.

On the twenty-eighth day the patient was very weak, having dwindled down to mere skin and bones. Tongue was dry, red, and clean; temperature  $99^{\circ}$  F. in the morning; pulse 90, full and regular; headache over the eyebrows; epistaxis and diarrhea had discontinued. Ordered quinine, Trommer's plain malt in sweet milk, and stimulants. The patient's hair came out and his teeth loosened. By excellent nursing he gradually recovered.

This case recovered, much to my surprise; and although good nursing, stimulants, and



quinine pulled him through, one must recollect that some cases get well in spite of every thing. Of the five or ten cases of typhoid fever complicated with pneumonia which came under my notice, this was the most typical, and it seemed to me that the case was destined to run the gauntlet of all the symptoms laid down for it in the text-books. As an example of how rapidly some of these cases may end fatally, I narrate the following:

CASE II.—Miss Kitten, aged twenty-one years, a robust country lass, complained of weariness and tired limbs, chilly sensations and diarrhea. On my first visit the temperature was  $104^{\circ}$  F.; pulse 150; tongue dry and coated whitish; cough, pain in the side (neuralgic), diarrhea, anorexia, and nausea; no tympanites. Ordered morphia, quinine in large doses, and turpentine in ten-drop doses.

On the fourth night patient complained of pain over the abdomen, cough, dyspnea (due to congestion of both lungs); temperature  $105^{\circ}$  F.; pulse 180, very weak and unsteady; tongue red in the center with coated edges; diarrhea and some tympanites. Ordered large doses of quinine to bring down the temperature, stimulants and carbonate of ammonia to sustain the heart's action, fomentations and sinapisms to the chest and abdomen. Toward morning patient became hysterical, and the limbs would jerk as in St. Vitus's dance. The patient was perfectly rational. Fl. ext. valerian and one-eighth-grain doses morphia speedily allayed this.

Toward evening the temperature rose to  $106^{\circ}$  F., and the patient became delirious; cough irritative; dyspnea not very marked; pulse about 210 and fluttering; cold, clammy sweat over the body.

On the sixth morning temperature was  $107^{\circ}$  F.; pulse could not be counted, being like a quivering thread under the finger; heart-beat very weak; lungs still congested, dyspnea being very marked. Patient was delirious, would pick at the bed-clothes and mutter disconnected sentences continually, probably due to anemia of the brain.

Several hours after this the patient died of paralysis of the heart, I think, though it may have been of heart-clot. The cause of this was the congestion of the lungs, to relieve which bleeding would perhaps have been indicated; yet the knowledge that the patient would need all her surplus blood in the stages to come after the forming stage prevented me from doing venesection.

FERDINAND, IND.

## Correspondence.

*Editors Louisville Medical News:*

GENTLEMEN—Some of your readers are very much interested in the "doctor-money" question, which has been so profusely discussed in the NEWS.

When do you think we shall have a "rest on it?"

Respectfully, J. M. CURTIS.

SUMMIT, MISS., March 28, 1881.

## Books and Pamphlets.

AIDS TO DIAGNOSIS (STUDENTS' AID SERIES). Part I: Semeiology. By J. Milner Fothergill, Member of the Royal College of Physicians of London, etc. New York: G. P. Putnam's Sons, 27 and 29 West Twenty-third Street. 1881.

AIDS TO DIAGNOSIS (STUDENTS' AID SERIES). Part II: Physical. By J. C. Thorowgood, M.D., M. R.C.P. New York: G. P. Putnam's Sons, 27 and 29 West Twenty-third Street. 1881.

ON QUEBRACHO BARK (*Aspidosperma quebracho*). Translated from the German. Reprint from Therapeutic Gazette, 1880. Detroit, Mich.: Geo. S. Davis, medical publisher. 1881.

CONSTIPATION PLAINLY TREATED AND RELIEVED WITHOUT THE USE OF DRUGS. By Jos. F. Edwards, M.D., author of "How a Person Threatened or Afflicted with Bright's Disease *Ought* to Live." Philadelphia: Presley Blakiston, 1012 Walnut St. 1881.

VERHANDLUNGEN DER BERLINER MEDICINISCHEN GESELLSCHAFT AUS DEM GESELLSCHAFTSJAHRE 1879-1880. (Als Separat-Abdruck aus der Berliner Klinischen Wochenschrift.) Herausgegeben von dem Vorstande der Gesellschaft. Band XI. Berlin: Gedruckt bei L. Schumacher. 1881.

THE INDEPENDENT PRACTITIONER: A Monthly Journal, devoted to Medical, Surgical, Obstetrical, Dental, and Hygienical Science. Volume II, No. 2, Feb'y, 1881. Edited by M. Basil Wilkerson, A.M., M.D., and Harvey L. Bird, D.D.S., M.D. Baltimore: Published by B. M. Wilkerson, proprietor, 68 N. Charles Street.

LECTURES UPON DISEASES OF THE RECTUM AND THE SURGERY OF THE LOWER BOWEL. Delivered at the Bellevue Hospital College. By W. H. Van Buren, M.D., LL.D. (Yalen), Professor of the Principles and Practice of Surgery in Bellevue Hospital Medical College; one of the Consulting Surgeons of the New York Hospital, of Bellevue Hospital, of the Presbyterian Hospital, etc. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1881.

The work done in the department of rectal surgery by this distinguished author is already too well known to make necessary further comment; yet we expect to find on careful perusal many new features which may form a fitting theme for a more extended notice.



## Formulary.

### FACIAL ERYSIPELAS.

Dr. Roberts Bartholow uses the following in *facial* erysipelas, but we see no reason why it may not be used in *general* erysipelas as well:

R Quiniæ sulph..... 3 ss;  
Belladonnæ ext..... gr. iij.

M. Ft. pil. No. x. Sig. One every four to six hours.

### ESMARCH'S CAUSTIC POWDER

For the removal of morbid growths is made of—

Arsenious acid..... 1 part;  
Sulphate morphia..... 1 "  
Calomel..... 8 parts;  
Pulv. gum arabic ..... 48 "

Mix. Sprinkle thick every day upon a surface either raw or denuded of cuticle by a blister. This is said to be painless.—*Dr. E. Andrews, in Mich. Med. News.*

### FOR DRY CATARRH.

Chloral hydrate..... 3 ss;  
Simple cerate..... 3 j;  
Oil bergamot..... q. s.

M. Apply to the nasal mucous membrane by means of the finger, or, to reach the back part of the canal, use a camel's-hair pencil.—*R. O. C.*

### FOR NIGHT-SWEATS IN INFANTS.

Prussic acid, dil..... gtt. viij;  
Simple syrup..... 3 jss;  
Distilled water..... 3 ij.

M. One teaspoonful in tea every four hours. Increase the dose if necessary.—*Translated for Therapeutic Gazette from the Revue de Thérapeutique.*

### CONDY'S DISINFECTING FLUID.

Potassium permanganate..... 2 parts;  
Distilled water ..... 100 "  
Dissolve.—*Pharmacist and Chemist.*

### RESORCIN.

Dr. Justus Andeer states that some eighteen years since a new chemical compound was obtained by Heasiwetz and Barth, of Vienna, from certain resins by the action of fusing alkalies (Oil and Drug News). They named it resorcin. Resorcin is not absorbed by the healthy skin, and applied to the lips it produces no effect so long as they are dry; if they are wet, a white blister is raised. It does not affect the teeth. Resorcin is valuable in surgical and dental practice. It is an excellent remedy by way of inhalation in the form of spray. It neither irritates the eyes of the operator nor the patient, and is almost odorless. It is also valuable as a caustic in catarhal, tubercular, and syphilitic sores, in which cases it is best used in the form of crystals applied to the excrescences, particularly on mucous membranes, removing them painlessly, and restoring the membrane in three or four days to its normal condition. In the form of powder or crystal it is said to be an efficient remedy in diphtheritic affections. For exhibition in the fluid form the best vehicles are alcohol, glycerin,

and syrup of orange, but it is preferable to give it in powder inclosed in wafers or gelatin capsules, whereby its peculiar taste is completely masked. The following formula can be recommended:

R Resorcini puri..... gr. viij;  
Aquæ destillat..... 3 ij;  
Syrupi aurantii..... 3 j.

M. S. A tablespoonful every two hours.

For an emulsion—

R Resorcini puri..... gr. viij;  
Amygdalæ dulcis..... 3 v;  
Syrupi aurantii..... 3 j.

M. Ft. emulsis. Sig. A tablespoonful every two hours.

The spray should be made thus:

R Resorcini puri..... gr. xvij;  
Aquæ destillat..... 3 viij. M.

### THE ADMINISTRATION OF COD-LIVER OIL.

If to each ounce of the oil are added two fluid drams of tomato or walnut catsup, and this be well shaken when required for use, a mixture is formed which many persons have found quite palatable and to agree with the stomach better than any other form in which it had been taken. Another and not unpalatable mixture can be made and often taken readily by the patient, which consists of—

Liebig's Extract Beef..... 3 ss;  
Extract celery seeds..... fl. 3 ss;  
Vinegar ..... fl. 3 j;  
Water ..... fl. 3 ij;  
Cod-liver oil ..... fl. 3 v.

Dissolve the extract of beef in water, add the vinegar and oil, shake well together with the extract of celery.—*Amer. Jour. of Pharm.*

## Pharmaceutical.

XANTHOGENATE of potassium is the new German preparation introduced into this market through the enterprise of Messrs. Arthur Peter & Co., Louisville. It comes in colorless crystals, which are freely soluble in water and alcohol. On the addition of an acid to its watery solution it decomposes, with the formation of carbon-bisulphide, thus disclosing antiseptic properties.

It is doing good service in Europe in staying the ravages of that pest of the vineyards, the *Phylloxera vastatrix*, and will be welcomed by American fruit-growers as a means of protection against the many insects whose larvæ prey upon the growing stems and fruits of our orchards and gardens.

It also forms an amylic compound (Amylozanthogenate of potassium), which proves to be an efficient preservative agent for vegetable and animal tissues. Messrs. Arthur



Peter & Co. are also prepared to furnish the following alkaloids, most of which have but recently come to the notice of the profession, some of them being fresh from the hands of their discoverers:

*Pelleterine tannate*, the active principle of pomegranate-root bark.

*Koussin*, the alkaloid and active principle of Koussou.

*Homatropin hydrobrom.*, the new derivative from belladonna.

*Duboisia sulph.*, alkaloid from *duboisia myopoides*.

*Eserine sulphas*, alkaloid of calabar bean.

*Pilocarpin*, alkaloid of the leaves of jaborandi.

*Quebracho blanco*, brought into notice by Dr. Penzolet, of Germany, to increase the depth of inspiration.

(*Acid osmic*.)

*Apiol pure*, prepared from fresh seeds; apomorph. mur. amorph.; apomorph. mur. cryst.; diastase.

Established nearly seventy years ago, this house is too well known to require any praise from us; but we feel assured that none who read this will fail to verify the statement that during all or any such part of this time as he may have known it, the firm has steadily kept pace with the advancement of chemistry and pharmacy, and is today possessed of a full knowledge of the wants of the physician and pharmacist, while neither pains nor expense are spared in maintaining that standard of excellence which has ever characterized its medicines and drugs.

Not a few preparations of acknowledged worth, such as the elixir eccoproctic (cascara sagrada), elixir grindelia robusta aromatic, elixir licorice aromatic, elixir guarana, elixir damiana, etc., were originally prepared by this house, and have since taken their place as standard medicines upon the lists of our manufacturing chemists.

## Miscellany.

**SIMILIA SIMILIBUS CURANTUR.**—Homeopathy has been brought somewhat prominently before the public of late in ways not calculated to increase the number of its disciples (A. G. Vogeler, Ph.G., in Pharmacist and Chemist). The German Government decided not to interfere with the homeopathic doctors dispensing their own medicines, contrary to provisions of the law regulating the practice of pharmacy, as, so said the court, they can only be classed with the confectioners, careful analysis having failed to reveal any thing but milk-sugar. Another

*casus criticus* was the disastrous result of the so-called "Milwaukee Test" regarding the efficacy of the thirtieth attenuation; while more recently we read about the loss of human life brought about by the administration of "infinitesimal" (?) doses of aconite. But yet it is astonishing to witness what powerful hold this anomalous Hahnemannian doctrine has on the popular mind. However, the ideas of ordinary people are somewhat confused on this subject. They, in a majority of cases, will first try their pellets, third pot., or their "specifics," but the patient growing worse the regular physician is called in. Or they will confide to you that their little child they would never treat except on the homeopathic plan, while their own nature is a good deal stronger and they need something more "powerful." Now inasmuch as we are almost daily approached on this subject, and not all of us possessing a *Pharmacopeia homeopathica*, a word or two regarding the *modus operandi* in making attenuations may not be amiss.

**Potentiation of Liquid Substances.** The potentiation of liquid substances is carried on in an apartment protected from the direct sunlight. The vials used for this purpose must be round, and must hold half as much more as is to be potentized therein. Take thirty of these vessels and carefully measure into each of them one hundred drops of alcohol, then cork them, place them in a row and number the corks from one to thirty. Now take the mother tincture, put one drop into the vial intended for the first potency, cork it tightly and shake the contents with *ten* vigorous downward strokes of the arm. (Hahnemann at first applied only *two* shakes of the arm. Later, however, he retracts his former directions, and gives *ten* shakes as the normal number.) Then drop from this vial one drop into the vial marked 2, cork both, and put the first vial in its former place, take the second and potentize the contents in the same manner as before. In this manner proceed through the whole series. The *high potencies* as far as two hundred and above are prepared in the same manner, each with *ten* strokes of the arm.

**THE DEATH OF MENIER.**—M. Emile Menier, the chocolate-manufacturer, who died last month in Paris, by his energy, intelligence, scientific knowledge, and commercial genius, made in eight and twenty years one of the greatest fortunes of modern times, and what is more, turned his wealth to a noble account. His father was a doctor in



a very small way, and as an officer *de Sante* was attached to the military school of La Fleche (Oil and Drug News). A sanitary officer is looked down upon in France by a doctor who has received a diploma from the Faculty of Medicine. When he retired he set up a factory for the production of pharmaceutical articles. He started it in the neighborhood of Belleville, where ground-rent was cheap, and when his affairs prospered hired a flour-mill at Noisiel, to utilize in his particular business the motive-power of a fall of water. His son he placed under the great chemists, Orfila, Pelouze, and Gay de Lussac, who communicated to him their passion for scientific knowledge. This remarkable man succeeded to the paternal business in 1853, and converted the old mill into a chocolate-factory. He was one of the first in France to understand the advantages of publicity. Menier's chocolate was more widely advertised than Holloway's pills and ointment. In three years he spent four million francs on advertisements. His trade increased mightily.

**SERVETUS AND HIS BOOK.**—Servetus was burned in Protestant Geneva October 27, 1553. His book, *De Christianismi Restitutio*, was burnt with the effigy of the author at Vienne, in France, June 17, 1553, over four months before the execution of Servetus. Servetus had been arrested at Vienne by the Roman Catholic authorities upon information conveyed to them at the instigation of Calvin, and his trial was in progress when he escaped from prison (W. A. Hammond, in *Annals of Anat. and Surg.*). Subsequently nearly the whole edition of his book was found, and then he was sentenced *in contumaciam* to pay a fine of a thousand livres to the king, and to be taken as soon as he could be apprehended on a tumbril with his books to the place of public execution, and then burned alive by a slow fire till his body was reduced to ashes. But as they could not catch Servetus they contented themselves by ordering that the sentence should be carried out on his effigy; and consequently on the date mentioned it and five bales of his books were publicly burned. It is true that at Geneva he was sentenced "in the name of the Father, Son, and Holy Ghost" to be bound and taken to le Champel, and there being fastened to a stake to be burned alive along with his books, printed as well as written by his hand. But in carrying out the sentence two books only were burned with him—one a manuscript sent in confidence

to Calvin some time previously and a copy of the *Christianismi Restitutio*. These were bound to his waist. There are positively only two copies of the *Christianismi Restitutio* in existence. One of these is in the library of Vienna, in Austria, the other in the National Library at Paris. Eight hundred copies were printed at the expense of the author, and it was probable that every one of them except the two mentioned and the one burned with Servetus at Geneva, were destroyed at Vienne. Consequently it is the rarest of books. The copy in the National Library at Paris was purchased for 4,121 francs in 1783. It would now readily sell for five times that sum, or \$4,000. This copy once belonged to Dr. Mead. I am enabled to be thus explicit because I have for several years been collecting every thing relating to Servetus, and am now engaged in writing a biography from a theological and medical standpoint.

**A DOUBLE WOMB.**—Dr. Matthews Duncan, at the session of the Obstetrical Society of London, January 12, 1881 (*London Lancet*), brought forward the subject of delivery in a case of double uterus. The patient was delivered naturally in her ninth pregnancy, but, as a portion of the chorion remained in utero, the hand was introduced into the uterus to seek for it. The uterus was then discovered to have two cavities, of which the child had been in the right. The left was smaller, but similarly shaped, having a rounded roof. In some previous pregnancies the patient had had copious losses of blood about the third and fourth months. The cervix was single and normal.

Dr. Braxton Hicks mentioned a case of pregnancy with double uterus and vagina. The author was called to examine a lady, pregnant four months, with a tumor in the right inguinal region, to ascertain whether the pregnancy were extra-uterine. On passing the vulva the finger came in contact with the edge of a firm septum, and it was obvious that an os uteri existed upon either side. The uterus on the right side was manifestly pregnant, and of course more developed. Labor took place naturally at full term, and the abnormality was not noticed by the medical attendant.

**CURE FOR INGROWING TOE-NAIL.**—A Missouri man with an ingrowing nail chopped his toe off. This remedy never fails. For sale at all hardware stores.—*Col. and Clin. Record.*



**COINCIDENCE OF BLUE SPOTS WITH THE PRESENCE OF PEDICULI PUBIS.**—M. Duguet, having noted that those blue spots which authors have considered to be a feature of typhoid fever, of synochal fever, of bilious states, etc., are always met with in patients affected with pediculi pubis, thinks they are due to the action of a poison which the animal introduces into the skin (St. Louis Courier of Med.). He took, then, a number of these parasites, crushed them in a little water and so obtained a paste, of which he introduced a small quantity under the skin by the aid of a lancet. At the end of twenty-four hours there were as many blue spots as he had made punctures. These spots lasted eight or ten days.—*L'Union Méd.*

Nos. 246 (Vol. X, No. 11), dated September 11, 1880, and 250 (Vol. X, No. 15), dated October 9, 1880, of the NEWS are wanted to complete our files. We need about twenty-five copies of each, and subscribers having these to spare will confer a great favor upon us by mailing them to MEDICAL NEWS, care of John P. Morton & Co., Nos. 156 and 158 West Main Street, Louisville, Ky.

**ZULU ENEMATA.**—The Zulus, in giving an enema, place the patient upon his head and insert into his rectum the small end of a cow's horn. Into this two pints of water are poured.—*Druggists Circular.*

## Selections.

**A Case of Long-maintained Fixed Position.**  
By W. C. Bland, M.R.C.S., Medical Superintendent of the Borough Lunatic Asylum, Portsmouth (British Med. Journal):

John Greenwood, aged thirty-one, widower, was admitted nearly fourteen months ago in the Borough Asylum, Portsmouth. Previously to this he had been five months in the Fisherton-house Asylum, and in the Portsea Workhouse. Patient was an able-bodied seaman in the Royal Navy, and bore a first-rate character for intelligence and steadiness. He was drafted into the Coast Guard. One day he put out in a heavy gale in the life-boat, and was reported by his comrades to have been struck by lightning. When he came back he grew very excited and exalted, declaring that God had revealed all things to him. He was then taken to the workhouse, where he exhibited a demented behavior. He would stand still for hours together, and when addressed only grinned fatuously. We have no accurate history of him further than that he was taken to the Fisherton House, whence he was transferred fourteen months since to the asylum at Milton.

On admission he was extremely emaciated, but all his thoracic and abdominal viscera appeared healthy.

He has since been fed on minced food and sop, and has gained about thirty-five pounds. He has assumed a position in which every limb is rigidly extended, the legs and feet pressed firmly together, and the arms and hands pressed to the sides. The eyes are closed, and when one retracts the lids he rolls his eyes upward so that it is impossible to see the pupils. The features are fixed and impassive, and the muscles are all well developed and firm. Although flies settled all over his face last summer he never moved a muscle. All food has to be given him with a spoon by the attendant. He moves his jaws but little, performing mastication chiefly with the tongue. He is held over the stool regularly, and every third day he has a motion. He sleeps well at night. The electrical reaction of his muscles is normal, and all the muscles are well developed and firm. The knee-tendon reflex is scarcely apparent, but on pressing up his foot sharply there is a distinct quiver in the calf and foot. He has been under continuous observation night and day, and only twice has he moved. On both occasions he was seen by the night attendant to lie upon his side and rub his eyes. He has never spoken except once. When he was asked the day of his admission he replied correctly, "Tuesday." He has been exercised for ten days by three attendants—two moving his legs while one held him upright, and then every joint has been flexed repeatedly. And he has been maintained in an attitude of prayer for a quarter of an hour at a time; but beyond slight exhaustion this produced no effect whatever. Whenever one of his limbs is forcibly removed it is immediately brought back to its position when let go, as though under the influence of a spring. Amyl nitrite has not the slightest apparent effect on his condition further than producing a blush. The patient was put under chloroform, when he opened his eyes, with the pupils widely dilated. An ophthalmoscopic examination showed the retina to be perfectly normal. Under the influence of the chloroform he relaxed his muscles but little, but the narcosis was not very deep, and the relaxation was sufficient to show, if proof were needed, that there exists no spinal lesion.

It is impossible to classify this case under any known head. Catalepsy is excluded by the absence of a characteristic symptom, viz. the joints, when placed in a different position, are not retained in that position. There is nothing passive—the whole attitude is produced by voluntary muscular action. To me the most satisfactory view is that it is the result of a fixed delusion. But it is impossible to ascertain the nature of the delusion, or even its existence, with certainty.

**Abstract of a Clinical Lecture on Peripheral Paralysis.**—By T. Grainger Stewart, M.D., F.R.C. P.Ed., Physician to the Edinburgh Royal Infirmary (British Med. Journal):

After describing and demonstrating a case of myxedema Prof. Grainger Stewart reminded the members of the class of clinical medicine that, in one of the early lectures of the session, he had shown them one case and described two others in which he had established a diagnosis of peripheral paralysis of hands and feet. The grounds of that diagnosis were that the disease spread upward from the distal parts toward the proximal; that it involved the sensory, the motor, and the trophic functions of the nerves, and that while no known facts with regard to the physiology of the brain or spinal cord could explain such



a set of symptoms, disease of the nerve-trunks themselves would readily do so. One of these cases that the students had had a further opportunity of studying at the bedside was most unfortunately seized with an attack of acute double pneumonia and died. Dr. Grainger Stewart now proposed to bring before the class the results of the post-mortem examination. The brain and the spinal cord both appeared to be healthy when removed from the body, and the subsequent microscopic examination fully confirmed this opinion. It was, however, otherwise with the nerves in the paralyzed limbs, which, though they appeared to be healthy to the naked eye, were found microscopically to be extensively diseased. The axis-cylinder in many of the fibers was broken up in such a manner as to present a moniliform appearance, and in some parts it was completely destroyed.

Dr. Stewart pointed out that this result was very interesting in relation to this particular group of cases; that it fully justified the diagnosis arrived at during life from a study of the clinical features of the case, and that it was also of great value in relation to other morbid conditions, clearing up various pathological processes which have hitherto been obscure. According to the lecturer's experience the process is generally recovered from, and in the course of two or three months a patient who has been completely paralyzed in hands and feet may recover the full use of all extremities. He had seen what he took to be this process on three several occasions in one individual, each time followed by recovery; but he valued knowledge regarding this form of paralysis most of all on account of the light which it seemed to throw upon certain symptoms in locomotor ataxia.

The members of the class were familiar with the fact that in the early stages of that disease patients frequently suffered from temporary paralysis as well as from lightning pains in the limbs, and that in the later stages of the process amaurosis sometimes came on with atrophy of the optic nerve. Both of these Dr. Stewart thought we should one day learn to be due to precisely this process which he had demonstrated in the three patients whose cases had been referred to. In the early stages the paralysis generally subsided, and that corresponded to the recovery that he had generally noticed in these cases of peripheral paralysis, the paralysis most frequently occurring in the third and sixth nerve of one side. He had been much interested to find that Dr. Hamilton, the pathologist to the Royal Infirmary, had come to the conclusion, on pathological grounds, that the nerves were often affected in locomotor ataxia, and to hear from him that the lesion demonstrated in the case under consideration was the one which he regarded as characteristic of ataxia, while Professor Grainger Stewart had himself, from clinical considerations, come to the conclusion that the nerves were often the primary seat of change in that disease.

**The Whale-tendon Ligature as a Substitute for Lister's Cat-gut Ligature.**—I have received recently from my friend Dr. Leland, of Tokio, Japan, a little pamphlet on the whale-tendon ligature by T. Ishiguro, M.D., chief surgeon of the Imperial Japanese Army, and if the subject has not previously been brought to the notice of the readers of the Journal, I will ask you to allow me to make the following extracts, which I think will have something of interest for the surgical community.

The mode of preparing the ligature, he says, is as follows:

"First, a whale's tendon is dissected by the points of needles, and teased out until the fibers look very like those of hemp. Secondly, the longest and finest fibers among them are selected, and they are then spun together as ordinary silk thread."

The ligature so made was subjected to the following tests:

"First, a weight of four pounds four ounces was suspended on a cord of one meter in length and 0.18 gram in weight, but it was not broken.

"Second, the ligature was boiled for seventy-two hours, and then kept at blood-heat for five days, but only showed slight expansion or softening without the least dissolution or loss of strength.

"Third, the ligature was soaked in a solution of pepsin (two drams), dilute hydrochloric acid (one dram), and aqua (five ounces), and then kept at the temperature of the body for twenty hours, but showed not the least sign of dissolution.

"Fourth, it was tested likewise by soaking in acetic acid and lactic acid (both in a diluted state) and also in liquor potassa, in all of which cases the strength of the ligature was proved by like results.

"Fifth, the first actual trial was made upon a patient in whom excision of the femur was necessary. In this case one of the ends of the ligature was cut off close to the knot, while the other was left hanging out of the wound. After the lapse of seven days an examination was made, and it was found that not the least trace of the ligature was to be detected. Subsequent trials proved that three days after the application were quite sufficient for the full absorption of this ligature."

Trials were then made as to the rapidity of its absorption, for "a too speedy absorption would cause secondary hemorrhage." In the amputation of a leg the ligature was applied, and there was not the least manifestation of secondary hemorrhage; a like success also followed in the ligature of the femoral artery.

In conclusion, Dr. Ishiguro says the merits of the ligature are the following:

"First, it is the cheapest. Second, it is readily conveyed and preserved. Third, it is easily procurable. Taking these three points into consideration, and bearing in mind the strength which the ligature possesses, and which can be still more increased by soaking it in carbolic oil, it may be concluded that it can be relied on to answer every purpose of a ligature and suture."

I will add that I am informed by Dr. Leland that a piece of the ligature six feet in length is worth from twelve to fifteen cents.—*Edward O. Otis, M.D., in Boston Med. and Surg. Journal, September 30th.*

#### **Oxalate of Cerium as a Cough Remedy.**—

Dr. Andrew H. Smith, chairman of the Committee on Restoratives, New York Therapeutical Society, at the meeting held April 9, 1880, reported cases illustrating the different degrees of success obtained in the use of the oxalate of cerium in the treatment of cough (Canada Medical Record). The report was based on eighty-four cases furnished by reliable observers.

Dr. Cheesman had used the remedy in hospital practice from July 1 to November 1, 1879, allowing it to take the place of all sedatives, including opium, in the daily average of *phthisis* patients. It was uniformly administered in the form of dry powder, and notes were taken in sixty-nine trials. In thirty-nine marked relief followed, in nineteen the cough was



moderately relieved, and in eleven no relief whatsoever was afforded. Of the eleven cases where the remedy was inefficient, nine were in the third stages of the disease, and in eight the Philadelphia preparation was used. In all the cases where the cough was relieved Merck's oxalate of cerium was used. The drug was given, as a rule, two or three weeks, and often intermitted to test its efficacy. Five grains were given upon waking in the morning and at bedtime as the average dose. Occasionally a dose of five grains in the middle of the day was given with marked benefit.

Dr. George Bayles also reported his observations. In addition to the benefit derived in phthisical patients he had experienced benefit from its employment in whooping-cough. It produced no bad effects on the stomach.

The conclusions reached by the committee were the following:

1. Oxalate of cerium could be safely administered in doses of ten grains three times a day for many days in succession.

2. The only unpleasant symptom when so used was slight dryness of the mouth that appeared after several days.

3. It was probably the most efficient when administered dry on the tongue.

4. Its effects were not produced until two or three days after its use was begun, and lasted two or three days after the remedy was discontinued.

5. It was exceedingly efficacious in the treatment of chronic cough, and the initial dose should be five grains.

6. In the majority of cases it had not proved an efficient cough-medicine for any considerable length of time, but could be regarded as a valuable agent to be employed in alternation with other remedies.

7. It did not disturb the stomach; on the contrary, it relieved nausea and improved digestion.

8. Different preparations on the market were not equal in value, and when success was not obtained by one another should be substituted.—*Med. Record.*

**Ovariectomy under Nitrous Oxide Gas.**—By Mr. Thos. Bird, M.A. Oxon, in *Medical Times and Gazette*:

On Monday, January 10th, I was consulted by Dr. Heywood Smith with reference to a case of ovarian tumor upon which he was about to operate on the Thursday. He was very desirous of operating on the 13th, because the cyst had been tapped, there having been some doubt as to the character of the tumor. The question was, how was the patient to be anesthetized? chloroform, ether, hydrate of chloral, methylene bichloride, and opium in various forms having been tried, but on account of the consequent nausea and prostration their repetition was desired neither by the operator nor patient. She was quite willing to undergo the operation without anesthesia. I undertook, with the help of morphia suppository (which had not been tried), potassium bromide, or full dose of alcohol, to produce and maintain anesthesia for twenty minutes with nitrous oxide gas and air, having repeatedly used this in minor operations. The patient had a breakfast of beef tea only at 8 o'clock, and from three to four ounces of brandy during the hours intervening between breakfast and 2 o'clock. The patient was adjusted in the usual way, and I administered pure nitrous oxide gas for the space of a minute. At the end of that time a certain proportion

of air was mixed with the gas, and with this admixture anesthesia was prolonged to the end of the operation (twenty-one minutes). She was conscious only of the three needles of the first and second stitches. She felt severe pain on regaining consciousness. No unpleasant symptom of any kind occurred, nor has the patient had any up to the present date (January 29th). Seventy five gallons of gas in all were used.

I hope in the course of a little time to demonstrate that there is no occasion for the closed chamber and atmospheric pressure, as advanced and perfected by M. Paul Bert within the last twelve months.

#### **Pathology and Treatment of Bad-smelling Feet (Bromidrosis) — Bacterium Fetidum.**

Thin states that the excessive sweating of the feet and hands is not rare, but that the terribly offensive smell which sometimes accompanies this condition in the feet is due to the organisms which are found in the stockings and inner surfaces of the boots (W. A. Hardaway, in *St. Louis Courier of Medicine*). The fetid odor of the stockings was reproduced in the cultivation glasses, but gradually diminished in strength with successive generations. In the treatment of this malady he suggests that the stockings be changed twice daily, and the stocking-feet be placed for some hours in a jar holding a solution of boracic acid. They are then dried and fit to be worn again if desired. Boracic acid effectually destroys the smell. As the leather of the bottom of the boot is equally offensive, a half dozen cork soles are also required. A pair must be worn only one day unchanged; at night they are placed in the boracic jar, and are put aside next day to dry. A number of methods of treatment have been brought forward in this connection. Willcox straps the feet with adhesive plaster, which is to be removed in three or four days; at the end of a week the cure is complete (*British Medical Journal*, October 23, 1880.) Ainsworth relies on bathing the feet every morning, together with change of stockings and the free application of a powder composed of pulv. alum exsicc., ℥iij; acid salicylici, ʒss-iij (*Medical Record*, October 2, 1880). Another writer has gained satisfactory results from bathing the feet in very hot water morning and evening. We have found the plan originally suggested by Hebra, strapping with diachylon, to meet every requirement (*British Med. Journal*, September 18, 1880).

**Structure of Anal Mucous Membrane.**—W. T. Clegg, M.R.C.S., writes to the *London Lancet*, February 5, 1881: In reference to the description of the structure of the anal mucous membrane in last Saturday's *Lancet*, allow me to say Mr. Bickersteth has been in the habit of describing the "pouches" referred to in the paragraph in his *Clinical Lectures* for the past four years to my knowledge. He has, moreover, demonstrated the pouches by the introduction of a probe bent at one extremity into a hook. Not only does Mr. Bickersteth describe these pouches as playing an important part in the production of anal abscess and fistula, but as a source of irritation and distress owing to husks of corn and other substances lodging therein. I hold notes of two such cases. In addition, the division of the pouch or pouches is performed by Mr. Bickersteth by the aid of a hook-shaped knife, the cutting-edge of which is within the curve of the hook. Seeing that this subject is not mentioned in any of the books that I have consulted, it is worthy of more than casual publicity.



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R. O. COWLING, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M. D., . . . Managing Editor.

1839. RICHARD OSWALD COWLING. 1881.

THE Publishers of the LOUISVILLE MEDICAL NEWS have to announce to its readers and patrons the crushing blow which has fallen upon its young life. He who was the founder, the conductor, and the very life of the MEDICAL NEWS, is dead. Whether another editor can be found to send weekly messages of cheering and encouraging news to the faithful practitioners throughout our southwestern land is as yet uncertain. We will hope for him, and will make effort to find him, but now our thoughts are with him who is gone.

On Saturday, April 2, 1881, at a few minutes past noon, Dr. RICHARD OSWALD COWLING departed this life at his residence in this city.

For many weeks past he had been ailing. Rheumatism, an old enemy, had renewed its attack on his system, and with pain and difficulty he performed his daily duty. Intimate personal and professional friends remonstrated against his continued self-neglect and plead that regular treatment might resist the assailant. But the strong body despised the subtle antagonist, and the brave heart could not consent that duty be left undone. Summoned to Cincinnati by the claims of official duty, he obeyed the call in spite of the earnest protest of his most trusted medical friend, and returned only to lie down on the bed from which he should rise up no more. Although the loving friends who min-

istered to him were for days before his death anxious as to the possible result of his illness, yet not until an half hour before the dreadful end came was there well-grounded alarm.

At noon came two of his brother physicians to pay their regular morning visit, and found that the enemy had already gained the citadel. One of them lifted in his arms the gasping sufferer and administered some remedy.

"COWLING," he said soon after, "you are rallying." "Nay," he answered, "it is the heart, and I shall die."

And with these words of prognosis of his case he ceased to speak, and in accordance with his own prediction in a moment more his great heart ceased to beat.

How may we characterize this man who in his short career has made for himself so large a place in the Medical Profession, and in the City and State where he lived? How may we picture him that the members of that fraternity which he loved and for which he labored may know him and find inspiration in his example?

And be it said first of all that in the estimation of his brethren here where he dwelt he had hardly a peer. The crowded hall where gathered the physicians to do honor to his memory, the words of eulogy then spoken, the formal resolutions then adopted, the long, long line of men which followed his body to its grave, all these bear witness to the position which he held. But more than this (for this may be considered but the formal and customary tribute of the guild to the dead craftsman), to the writer came on



Sunday afternoon one of the most distinguished of all our students and professors of medical science and said, with tearful eyes and trembling voice, "In his short career COWLING has done more for the medical profession, more for the science of medicine, more for humanity, more for his own fame, than all the rest of us."

Now, what were his distinguishing characteristics? We answer: first and chief of all, *he was a man*—real, genuine, true—who loved men because he was a man, and who despised every thing that was unreal and false as being unmanly. He was incapable of pretense; his nature was too big for any sham to fit it. An aged friend, himself a graduate physician, said, sitting by his bed the day before his death, "I have always told him that he was too ingenuous a man to practice medicine;" and his cheery laugh made reply—that cheery laugh which his friends remember so well as the herald who would announce his own self-depreciation, and ignorance of what pigmies about him would assert they completely understand. His manhood was strong enough to confess its weaknesses, and bold enough to ask that another might be the guide chosen for a path of which that other's knowledge was greater than his own. "I have brought my friend with me," was his greeting to the writer on one occasion, "because you know, if you tell me your symptoms, I must go and ask his opinion about them, for he knows more than any of us about these matters."

And envy, that meanest passion of our nature, that frequent tenant of the professional breast, found no home in his. His merry jest at some brother's foible would often enliven the circle of the chatting doctors; but no discordant note of envy ever marred the sweet harmony of his rippling laughter, and only when he would expose the charlatan pretender was the blunt and harmless foil of humor exchanged for the keen rapier of his wit.

He did despise a fraud in whatever shape the counterfeit might come. He had no

patience with the ignorance which arrayed itself in the robe of knowledge, and as little for the man who, calling himself the servant of humanity and of science, did yet measure his ministrations and his success by the columns of his ledger or the wealth and social position of his clients. He loved men and he loved his art. For these he would do all, dare all, suffer all; and in comparison with these money and its power were in his view as nothing. A great practice did not to him guarantee a scientific physician, nor a large bank-account a faithful follower of Hippocrates.

"Leave the coal-house door unlocked," he said to his servant during the bitter cold weather, "for a man must be very poor and very miserable before he will steal a lump of coal"; so was he tender to suffering men. "Give him the case," is his answer when consulted as to another practitioner than himself being employed, "for he knows more of it than I"; so was he nobly unselfish, unenvious, and true in his dealing with his brethren.

Of his peculiar gifts and excellences as Surgeon, Physician, and Medical Teacher, others have spoken and will speak, who are by knowledge fitted to bear testimony. It may not be out of place that we shall call attention to his characteristics as a writer, though they must be well known by the readers of this, his own publication.

Perhaps no medical writer has more fully appreciated the wisdom of the Horatian maxim, "*Miscere utile cum dulci*," or has more successfully essayed its obedience. He wrote of things abstract, abstruse, and technical in a style so brilliant that even lay minds were interested in the perusal of his articles. He illustrated things difficult and dark by their analogy to things clear and easy of apprehension, so that dulness could understand and remember them. And in writing of subjects other than those purely scientific or professional, how beautifully did his medical knowledge come into play for ornament and illustration; and every where the man was apparent in the writing—the



true man who hated shams and would speak the truth.

We shall not soon forget how he twined about McDowell's old brass door-knocker a wreath, at once of immortelles in memory of the long dead benefactor of woman, and of living laurel-green in honor of the world-famed surgeon to whom the relic was presented.

Longer, still longer, may we remember the noble vindication of the Christian faith against "the oppositions of science falsely so-called," which he spake as the Faculty's farewell to the graduates whom they were sending forth to labor for men. Yes, he believed that there is a good Father Whose we are and from Whom we came. Although his knife had dissected a thousand dead bodies, he had never found the hidden principle and potency of life. He believed that the science in whose study he rejoiced, and in whose triumphs he gloried, had not and can not explain away our Creator—God, Who, His Son did come to tell us, is our Father. And therefore in words beautiful and strong he declared that a scientific physician can not be an atheist.

Alas! that in the dispensation of an All-wise God we have lost him! We mourn the loss of a man true, fearless, tender; of a physician thoughtful, diligent, studious; of a surgeon skillful, prudent, daring; of a writer cultivated, brilliant, profound; of a companion genial, instructive, buoyant; of a friend tried, true, and trusty.

Alas! that we shall see his face no more on earth; but let us rejoice in the belief "which," said one of the speakers at the meeting last Monday, "no man can doubt; that he is gone to a better land whither we too shall come."

A great man is fallen in the medical Israel! COWLING is dead, and we speak as his parting word to the members of that ancient and honorable Order for whose exaltation he labored: "Be ye true men. Be ye the faithful servants of humanity and of science. Work while it is called today, for the 'night cometh when no man can work.'"

THE FUNERAL SERVICES of Professor COWLING were held at Christ Church on Monday, April 4, at three P.M. The large audience-room was filled long before the body arrived. Among the congregation were to be seen almost the entire medical profession of the city and the students of the medical schools. The company of pall-bearers, honorary and active, consisted of intimate friends of the deceased, among whom were a number of prominent physicians and merchants. The Rev. James Craik, D.D., assisted by the Rt. Rev. T. U. Dudley, D.D., the Rev. L. P. Tschiffely, and Rev. J. T. Helm, M.D., conducted the service.

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### Original.

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#### DEVIATIONS IN THE PHENOMENA OF INTERMITTENT.

BY RUFUS W. GRISWOLD, M.D.

The first case of indigenous intermittent in my practice here (Rocky Hill) was in 1859. I had not seen any other cases that I did not suppose could be referred to residence elsewhere for their parentage till the year 1872. In April, 1872, there was a home-bred typical case in the village. In August of the same year there was another case in the lower part of the town. This was a well-marked and *regular* ague and fever. A few days later (August 31st) I was called to Mrs. D., aged about fifty, in the same neighborhood. She had been unwell two or three days. The especial symptom in her case was a very hard and exhausting cough, constant for four or five hours, and, until seemingly quite worn out with it, she broke into a perspiration and passed the night comfortably. Opiates nor other cough-remedies tried had any effect on the trouble. I did not think of ague in this case. There were no rigors, not even any perceptible sense of chilliness; but after three or four visits I learned that the cough came on every day at the same hour, and continued for about the same length of time. Twenty-four hours on quinia stopped the cough entirely, and the woman was well. At the last two visits made to this case I prescribed for the husband, who had had ague and fever coming on in the regular way. October 14th a girl in the same family had straight tertian ague



and fever. In the case of Mrs. D. I supposed the paroxysmal cough to have taken the place of the usual cold stage of an intermittent fever. It entirely supplanted that stage.

In August, 1876, I was called to see Mrs. S., about thirty-five years of age. I found her suffering from a sudden eruption, very much resembling measles, extending from the crown of the head to the feet, and covering three fourths of the surface, accompanied by extreme heat and itching, with swelling of the face, feet, hands, etc. No rigors or especial coldness had been noticed. This condition continued through the day, subsided at night, and the next day the woman was quite comfortable. I did not think of intermittent. The third day patient went over the same ground as on the first. On the fourth day the eruption was all gone. On the fifth day it came on again, and at the same hour. I put the case upon quinia, and had no further trouble. The points that suggested intermittent in this case were the regularity of return of the paroxysms of the eruption, the absence of it on the alternate days, and the seemingly cordial response to the specific treatment. I believe the phenomena exhibited in this case to be due to the same exciting causes that produce ague and fever.

In August, 1877, I was called to see a girl, about fifteen years old, who presented the same eruption as the preceding case, coming on suddenly, with the same kind of itching and tumefaction. The eyes were almost closed by the swelling of the lids. But it differed in that it was accompanied by severe rigors, followed by the fever and sweating of a typical intermittent. Patient was put upon quinia, and there was no return of the paroxysms.

In September of the same year I had a third case of this sudden eruption in a girl of ten years. The burning and itching were intolerable, with so much excitement of the nervous system that I feared convulsions. I gave an opiate for temporary relief, followed with sulphate of cinchonidia in full doses, and did not have a return of the trouble.

The eruption in all the cases went off entirely in a few hours. Neither of the patients had ever had any thing similar to this before, nor have they had since.

In the fall of 1874 J. C., aged about sixty-five, had intermittent with the symptoms which properly belong to that fever. His wife had had the same earlier in the season. Both made good recoveries. In the spring of 1875 Mr. C. became deranged. Appetite

was impaired, digestion disturbed, sleep fair, no chills nor fever nor sweats. He would walk the house for hours, repeating over and over again, "O, dear me, say! what shall I do?" He thought he was coming to want. This case for quite a time baffled me as to cause and as to treatment. Finally something induced the query, Is it possible that the prevailing ague influence is at work here? The patient was put upon quinia, and soon made a satisfactory recovery. The deduction of the influence of the ague-poison in this case may be far-fetched, and is certainly not conclusive; but I believe it to be correct. The reasons are—the failure of other treatment before the quinia; the seemingly good results of the specific dosing; the fact that the influence that gives us intermittent fever is producing *varied* morbid effects in the human system; the failure to find any other cause for the derangement in this case; and, negatively, no reasons why the especial force that gives us typical intermittent may not so impress the nervous system as to produce mental derangement.

Another case—a lady of about thirty, to whom I was called in May, 1877, and again in August of the same year—at both times exhibited mental derangement with morbid views of her surroundings, and insane demonstrations in various ways, with every-other-day aggravations, which I referred both times to the same prevailing underlying influence, was speedily improved by the quinine-treatment. It would be difficult to *prove* the deductions in this case, but I think they were correct. Whatever it may be which is the originating cause of the intermittent fever at present with us, I believe to have induced the two cases of mental derangement here briefly sketched.

The relation of these cases may help to show some of the curious modifications of what is commonly called malarial poisoning, and to advertise us that we may reasonably expect many others.

It will be observed that these cases are not *complications* of other ailments added to the usual form of intermittent fever, but *deviations* in the character of the phenomena presented. They are not properly to be called cases of intermittent fever in the strict sense of the expression; but having some of the paroxysmal features that belong to that disease, and manifestly having their origin in the same morbid cause, I have described them under what seems to me an appropriate heading.

The main thing in the consideration of



these anomalous conditions, so far as treatment is concerned, is to sense the etiological group to which they belong as the basis on which you can attack them with success.

ROCKY HILL, CONN.

## Obituary.

### THE LATE R. O. COWLING, A.M., M.D.

The following tributes of respect to the memory of the late Prof. R. O. Cowling, A.M., M.D., were tendered by the medical profession, schools, and societies of Louisville, on Monday, April 4th:

#### MEETING OF PHYSICIANS.

The meeting of the physicians of the city, which was held in the rooms of the Y. M. C. A., was very largely attended. Dr. Hewett presided, and Dr. H. A. Cottell acted as secretary. A committee, consisting of Drs. Edward Richardson, E. D. Forée, Preston B. Scott, John Goodman, and W. H. Wathen, being appointed to prepare resolutions expressive of the sentiments of the meeting, reported the following, which were read by the chairman, Dr. Richardson:

*Whereas*, Providence has removed by death Dr. Richard O. Cowling, a valued and distinguished member of the medical profession of this city, and a man known and appreciated by this community; therefore

*Resolved*, That in the death of Dr. Cowling the profession has lost a member of gifted and brilliant qualities, of rare social virtues, and goodness of heart.

*Resolved*, That in all the relations of life he has shown himself a man of generous nature, a sincere friend, a faithful husband, and an indulgent father.

*Resolved*, That we tender to his family—father, mother, sister, brothers, widow and children—our condolence for the loss they have sustained by his death, and that a copy of these resolutions be transmitted to them by the officers of this meeting as indicative of our sorrow for them in this hour of sudden affliction.

Dr. Ochterlony, being unavoidably absent, wrote to the chairman:

Will you not do me the favor to say that my heart beats in warm sympathy with the other friends of the distinguished dead who will this morning speak of his many good and noble qualities, his brightness of intellect, which was equaled by the kindness and gentleness of his heart, and of their sorrow at his loss? Only a few days before his illness we passed a couple of hours together. Never was his conversation more brilliant, never did I so strongly feel the attraction of his genial and sympathetic nature. I shall ever cherish the recollection of this visit, the last time I saw Dr. Cowling, as one of the most beautiful reminiscences of my life.

Dr. Coleman Rogers presented the following:

MR. CHAIRMAN: The sad intelligence that our *confrère*, Dr. Richard Cowling, died on last Saturday in the full vigor of his splendid manhood, spread rapidly over our city. Such a death of course carried

the deepest grief into the hearts of all. To none was this event more heavily laden with sorrow than to the many whom he had bound to him by the dearest social and professional ties. I see before me today many of those who were his warmly intimate friends who must confess that the most delightful moments of their lives were those spent in the society of the one whose death we mourn today. I arise simply to pay a tribute of affection to my most intimate personal and professional associate, and to drop a tear to the memory of him whom I considered one of the grandest and most glorious of his kind. Who can forget his magnificent physique, coupled with his massive mind, his warmth of heart, his geniality, and above all his spotless honesty?

Of his labors as a teacher and his rare ability as a writer, both recognized and honored throughout the length and breadth of the land, of his high professional attainments, of his efforts toward the advancement of his chosen profession, I will not speak. These matters are familiar to us all, and will become part of history. Further allusion will be made to them on some future occasion by other hands than mine. Many of us will feel dear Cowling's loss most keenly not only on account of the love we bore him, but because already we had become accustomed to lean upon him for counsel in some of the emergencies of surgical practice, and to take comfort from his advice, which we felt would be sound and well considered. Cowling made no display. He made use of none of the *ad captandum* arts to please. He availed himself of nothing but what was fair and legitimate toward achieving success. It was not in him to "crook the pregnant hinges of the knee that thrift may follow fawning." He stood squarely upon his merits as a practitioner and as a man. What he said was well said, what he did was well done. It had always been his aim as far as possible to practice pure surgery, and toward its accomplishment he thought it inconsistent to add a miscellaneous business. All of us felt a perfect confidence in the soundness of his judgment. We also had the full assurance that in his hands our interests were safe; that through no agency of his would our clients' business or confidence be weaned from us. The day is far distant when a nobler soul, a clearer head, or more skillful hand than Cowling's will be vouchsafed to this community. This is not a time to speak at length of our singularly gifted friend, except in the spontaneous and general terms of that sorrow which flows from the thought that we shall never listen to his voice again; never hear those sparkling sallies which were wont to "set the table in a roar;" never dwell with unmingled admiration on those extemporaneous effusions in which he had no equal, and which were the delight and wonder of all who knew him; never witness that unabating spirit and unflagging mirth which made him the soul and center of social and convivial circles. Can we ever forget his rare wit, rich and broad genuine humor, his most effective weapons as a writer combatting error and advocating reform? In coarse invective he never dealt. Though his arrows of ridicule fell thick and fast their points were not envenomed, and rarely left a rankling wound. Who can forget his bright flashing eye, illuminated with mind; who can fail to feel the force of his manly sense and accurate intelligence which rendered him as instructive when gravity prevailed as he was unapproachable when festivity ruled the hour? There is now a void indeed where he filled so enviable a place; a gloom where he so gloriously shone. But



whatever he was in his humor he was warm in his friendships, liberal and generous in his character, charitable and humane in his nature. In many points he had no rival, and active as his path had been we believe he rarely made a personal enemy. Sure we are that his memory will be hallowed by the esteem due to genius, and by the mournful regrets of those who were his associates in scenes the indescribable charms of which, all elicited by him, we can never forget.

At the close of Dr. Rogers's address Dr. D. W. Vandell rose and said:

MR. CHAIRMAN: The dead man whom we are here to mourn was my neighbor; in his earlier medical studies he was my pupil; he subsequently became my colleague and companion; he was always my well-loved friend. Dr. Cowling was by nature a strong man. His mind and person were both commanding. He had a wealth of mental and physical resources given to few men. His scholastic training was exceptional. He had won honors at Trinity College, and carried away her diploma. He had studied law. He had gained laurels in civil engineering and in the higher mathematics. And thus, when the time came for the study of the profession which he so much loved, he brought to it all these splendid attainments, all these powerful accessories. He laid the foundation of his calling deep among its roots. He early exhibited a taste for surgery and rapidly manifested a power to marshal and adjust particulars which bespoke the future master. He industriously stored his mind with the larger facts, the broader principles of the science. Hence his mental dignity in the presence of danger, his equipoise and efficiency in those supreme moments which come in the life of every surgeon. Dr. Cowling never grew afraid. When confronted by those awful emergencies his manner assumed a repose which is born alone to the nature of the truly great. As a teacher he was clear, pointed, forcible. As a practitioner, judicious, far-seeing, sympathetic. As a writer, ready, flowing, versatile, irradiating all that he touched with a humor whose light was a very joy; with a wit whose brilliancy nothing could quench, yet whose shafts rankled in no man's bosom. As an author he was vouchsafed just length of days enough to see his first methodical work stamped with the imperial seal of the classics—a work which it is safe to declare is, in its way, the best yet produced on the subject which it treats. As a man, courteous, genial, considerate, strong when strength was needed, he possessed a gentleness that was womanly. His was indeed a fine humanity. His mental rectitude was superb, while the woof of his daily life was composed of honor and truth running through which were the threads of whatever else makes manhood pure and worthy of imitation. No man in the profession shall feel more than I his loss, for no man was so intimately associated with him in his surgical work. I was part of that which he but yesterday laid down. I was bound up in that which, had he lived, would have been sure to come.

After Dr. Vandell's address, remarks were made by Drs. Holland, Godshaw, and others, and then the meeting adjourned.

#### COLLEGE OF PHYSICIANS AND SURGEONS.

The College of Physicians and Surgeons, of which the deceased was president, held a meeting,

which was addressed by Drs. Owen and Larrabee, and at which resolutions were adopted.

Upon the adjournment of the meeting of the physicians of Louisville the College of Physicians and Surgeons was called to order by Vice-president W. Talbott Owen. Dr. William B. Doherty acted as secretary. Dr. Owen spoke as follows:

We are assembled as mourners in memory of our dead brother-fellow, Dr. R. O. Cowling, late president of this College. His virtues have been dwelt on so ably and truthfully by the speakers preceding me in the meeting of the general faculty that I shall add nothing more than to say they are the cordial expression of my own heart. He was a fine executive officer, commanding the respect of all, courteous, dignified without *hauteur*, with unassuming condescension. His powers of mind and person were evidently inherent and forced the conviction that like Minerva they sprang full-born from the head of Jove. As an author he has put to his seal the stamp of greatness; his "Aphorisms" will render his memory immortal. Lord John Russell at a breakfast party at Sir James Mackintosh's, defined the proverb as "one man's wit and all men's wisdom." This found a complete photograph in the "Aphorisms" of our brother, which have been heartily accepted by the entire profession. But, brethren-fellows, more than all this is the prospect, so ably depicted by Dr. Holland, of shaking hands with our brother in the great unseen. Let us be admonished and prepared to meet him there.

The following words of remembrance were said by Dr. Larrabee:

MR. PRESIDENT AND GENTLEMEN: The present is not an occasion for vain speech-making or idle talk nor should we sit in silence. The stroke which fell among our ranks last Saturday was a blow which makes us stagger and reel as we press forward to meet for ourselves the stern enemy of our race, not because death is unexpected by us whose lives are devoted to his unequal warfare, for the mortality in our profession is far greater than the community thinks. We have mourned our brethren dead in plague-stricken cities; we have paid just tribute to those whose low descending sun has gilded the medical horizon with their departing glory; but now the lightning has struck at our side; the sturdy oak tree has been shivered, while we stand gazing upward vainly endeavoring to penetrate this inexplicable Providence.

I will not say "God's ordinance of death is blown in every wind," for that is not a common chance which takes away a noble mind.

The noble, the true, the scholarly, the genial, the humorous, the generous-hearted Cowling is no more. We can but feel as we so truly mourn, that our own lesser lights could have been far better spared than that so brilliant a luminary should have been so suddenly blotted out.

A star of the first magnitude has set forever, and the warm effulgence of its splendor has gone out leaving nought but the darkness which we now feel and the remembrance of its shining which will abide with us during all of our natural lives.

To those of us who were of his own age the loss is exceedingly severe; we felt honored to be his contemporary and to have grown as trees in a cluster.

The younger members of the profession have lost an ideal of professional excellence which they may



well copy. He was the friend of the young practitioner, with whose trials and hardships he always felt a deep sympathy. His pleasant manner and words of good cheer have lifted many a weary burden from many a weary shoulder. Perhaps one of the greatest if not the most conspicuous qualities of his manly nature was self-abnegation. Whether at the bedside of suffering, in discussion of scientific subjects, or engaged in entertaining his friends, his own personal comfort, interest, and aggrandizement were entirely forgotten.

As a medical writer he possessed an individuality easily recognizable. His editorials, although of a strictly medical bearing, were eagerly read by the laity as well as by the profession, and every where acknowledged to be the choice exposition of medical progress. Says an exchange, "The wrapper of the NEWS is always torn open with the expectation of a treat, and we are seldom disappointed." His criticisms were often witty, always spicy, but never exhibited vindictiveness. He never cherished malice. With a clear head and a good judgment his views of the future of the profession were large and unselfish. He was opposed to all that was small, narrow, and contracted, and had he lived would have done more than any other writer to enlarge the borders of legitimate medicine and to purify science of its crudities.

As a practitioner he was successful. As a teacher his rare ability was the attraction of his class. His Aphorisms of surgery have won the praise of the highest authorities, and have been established both at home and abroad.

As a citizen his loss will be mourned by the community no less than by the profession. Within the sacred precincts of his grief-stricken family we would not intrude, but we pray that God, "who tempereth the wind to the shorn lambs," may shelter and keep them.

Sleep sweetly, tender heart, in peace;  
Sleep, holy spirit, blessed soul,  
While the stars burn, the moons increase,  
And the great ages onward roll.  
Sleep till the end, true soul and sweet,  
Nothing comes to thee new or strange.  
Sleep full of rest from head to feet,  
Lie still, dry dust, secure of change.

The president here appointed Drs. R. C. Hewett, W. H. Galt, G. H. Cox, C. C. Godshaw, and William Bailey a committee to draft resolutions appropriate to the occasion. The following were presented:

*Resolved*, That in the death of Dr. Richard O. Cowling, late president of this college, we recognize the loss of a most capable, faithful, and impartial presiding officer.

*Resolved*, That as a friend and professional associate we have ever found him genial, honorable, earnest, enthusiastic in the pursuit of medical knowledge; always ready and prompt to attend professional calls, never halting to make inquiry as to the pecuniary condition of patients, and at all times filled with lofty scorn for any professional act tainted by trickery, unfairness, or pretension.

*Resolved*, That to native brilliancy of intellect he added high literary culture, which eminently fitted him for conducting with marked ability the medical journal which he originated and made universally popular; and these qualities had already won for him distinction as a teacher of surgery, and were rapidly opening to him a most brilliant career as a practitioner of surgery.

*Resolved*, That our tears of sorrow for the loss of

our distinguished and genial friend are mingled with those of the bereaved family, and that we tender to them our earnest sympathy and condolence.

*Resolved*, That a copy of these resolutions be transmitted to the family of the deceased.

Adjourned.

#### RESOLUTIONS PASSED BY THE FACULTY OF THE UNIVERSITY OF LOUISVILLE.

The faculty of the Medical Department of the University of Louisville, of which Prof. Cowling was a member, adopted the following:

*Whereas*, It has been the Divine pleasure to remove from the field of his earthly work our fellow-laborer Prof. R. O. Cowling, M.D.; therefore be it

*Resolved*, That in the death of our beloved colleague the State has lost a valuable citizen, science a gifted son, and this institution an accomplished officer.

*Resolved*, That as a teacher, Dr. Cowling was comprehensive, luminous, and exact; as an operator, bold but cautious, daring but prudent; as a man, dignified, upright, generous, brave, with a child's simplicity of ways and disposition. A scholar of rare attainments; a thinker original, logical, sustained; a writer incisive, varied; a successful author, he added to the fame of the university which he entered as a pupil and where in time he rose to the rank of professor, a position which he in every way adorned.

*Resolved*, That we deplore his death as a public calamity, a keen personal loss.

*Resolved*, That a memorial address on the life and character of Dr. Cowling be prepared by Prof. D. W. Yandell.

*Resolved*, That a copy of these resolutions be sent to the family of the deceased.

J. M. BODINE, M.D., *Dean*.

#### RESOLUTIONS OF THE STUDENTS.

At a meeting of the students of the Medical Department of University of Louisville the following resolutions were adopted:

*Whereas*, The hand of Divine Providence has removed from our midst our beloved professor, R. O. Cowling, we, the students of the Medical Department of University of Louisville, desire to express our deep sorrow, and offer to his bereaved family our sincere sympathy and condolence.

*Resolved*, That in the death of Professor Cowling the profession has lost an exceptionally skillful and brilliant member, this school an eloquent, efficient, and faithful teacher.

*Resolved*, That we will attend the funeral of Professor Cowling in a body, and that we will wear the usual badge of mourning for thirty days, as a token of the love and admiration we felt for him.

*Resolved*, That a copy of these resolutions be published in the medical journals of this city, and a copy be sent to the family of the deceased.

J. M. RAY,  
N. B. SHANDS,  
J. F. DUNCAN,  
*Committee*.

#### RESOLUTIONS OF THE FACULTY OF THE KENTUCKY SCHOOL OF MEDICINE.

The Faculty of the Kentucky School of Medicine held a special meeting to adopt measures expressive of respect for the late Prof. R. O. Cowling. The



Dean, Prof. J. A. Ochterlony, presided; all the members of the Faculty present. After appropriate remarks by various members of the Faculty, Professors Ochterlony and Mathews were appointed a committee to frame resolutions, which were unanimously adopted, viz:

*Whereas*, Prof. R. O. Cowling has been by sudden death removed from among us;

*Resolved*, That in his death the medical profession of our country has lost a distinguished and valuable member, medical teaching one of the most eloquent and able professors, and medical journalism a most brilliant and gifted editor.

*Resolved*, That we deeply mourn his premature death in the full vigor of a bright, useful, and noble manhood.

*Resolved*, That we offer our tenderest and most heartfelt sympathy to Prof. Cowling's family, with the assurance that their grief is shared by our hearts and by the heart of every physician who had the privilege of knowing Prof. Cowling, either personally or as a writer.

*Resolved*, That we attend the funeral in a body.

*Resolved*, That a copy of these resolutions be preserved in the archives of the Kentucky School of Medicine, be transmitted to the family of the deceased, and be published in the daily papers and in the medical journals of our city.

J. A. OCHTERLONY,  
JOSEPH H. MATHEWS,  
*Committee.*

#### RESOLUTIONS OF THE STUDENTS OF THE KENTUCKY SCHOOL OF MEDICINE.

The class of the Kentucky School of Medicine met this morning at the College on Green Street, between Third and Fourth, to take appropriate action in regard to the death of Prof. R. O. Cowling, of the Medical Department of the Louisville University. H. C. Littlejohn, of Indiana, was called to the chair, with J. F. Lawshee as secretary. After remarks by different members of the class, L. Reamer Sale, of Indiana, Mandeville Thum, of Kentucky, J. Frank Lawshee, of Indiana, E. G. Davis, of Illinois, and J. W. Graybill, of Virginia, were appointed a committee to draft resolutions. The following were adopted:

*Whereas*, By dispensation of an all-wise Providence, Prof. R. O. Cowling, of the Medical Department of the University of Louisville, has been removed from our midst;

*Resolved*, That, while we are students of another college and have but to a limited extent come in contact with him, we have yet learned to respect and admire Prof. Cowling's attainments and character.

*Resolved*, That we most sincerely deplore his untimely death, and extend our sympathy to his bereaved family, to his colleagues and students in the University, and to his professional friends of this city and State.

*Resolved*, That we attend his funeral in a body.

*Resolved*, That a copy of these resolutions be presented to his family and published in the medical and secular journals of this city.

L. REAMER SALE, *Ch'n*,  
J. FRANK LAWSHEE, *Sec'y*,  
MANDEVILLE THUM,  
E. G. DAVIS,  
J. WALTON GRAYBILL.

#### RESOLUTIONS OF THE FACULTY OF LOUISVILLE MEDICAL COLLEGE.

The Faculty of Louisville Medical College, having heard with deep regret of the sudden death of Prof. R. O. Cowling, of the University of Louisville, passed the following resolutions as a tribute of respect to the memory of the eminent surgeon, so unexpectedly removed from his sphere of usefulness:

*Resolved*, That in the death of Professor Cowling the medical profession has sustained the loss of an able and useful member, that the medical teachers have been bereft of one of their brightest ornaments, and that the general public have lost a most worthy, useful, and honored citizen.

*Resolved*, That the lectures in Louisville Medical College shall be discontinued on Monday, to enable the faculty and students of that institution to attend the funeral of the great surgeon who has passed away.

*Resolved*, That to the family and friends of the eminent man so recently among us in the prime of health, genius, and fame, the faculty of Louisville Medical College tender their sincere condolence.

TURNER ANDERSON,  
EDWARD MILLER,  
*Committee.*

#### KENTUCKY STATE MEDICAL SOCIETY.

Immediately after the opening of the morning session of the Society, Wednesday, April 6th, Dr. W. H. Wathen, of Louisville, made the motion that a committee be appointed to draft suitable resolutions on the death of Dr. R. O. Cowling.

The motion prevailed, and the president appointed Drs. W. H. Wathen, of Louisville (chairman), J. W. Holland, of Louisville, C. H. Thomas, of Covington, L. S. McMurtry, of Danville, and J. N. McCormack, of Bowling Green, who reported as follows:

Your committee appointed to report resolutions expressing the sentiments of the Kentucky Medical Society on the announcement of the death of Dr. R. O. Cowling, find the task a very difficult one. All formal phrases are unworthy the occasion. What he was to us, each shall often feel in thoughts that lie too deep for words. Memory alone can adequately remind us of the cheer we had in his company and the confidence we put in his counsels. Our sense of immeasurable loss and dissatisfaction at this feeble public indication of it will be duly appreciated by his family and all others whom a good fortune brought near to him. To them we offer all the comfort they can get from the knowledge that their grief is shared by a large circle of his professional associates.

We suggest that this testimony be spread upon the minutes and properly engrossed for transmission to his family.

#### FROM THE LOUISVILLE BOARD OF HEALTH.

Dr. C. C. Godshaw presented the following, which was adopted:

It is appropriate that the Board of Health should take some action relative to the death of Dr. Richard O. Cowling, a man distinguished for his scholarly attainments as a writer and author and skill as a surgeon. The Board of Health is fully aware of his



interest in sanitary matters by the support he gave their actions through the medium of the LOUISVILLE MEDICAL NEWS, of which he was the able editor. It is therefore

*Resolved*, That in appreciation of his endeavors to elevate the noble cause of sanitary science, we likewise mourn the loss which the community and the profession have sustained, and extend to the afflicted family our heartfelt condolence.

*Resolved*, That this tribute be recorded in our minutes, published in the newspapers, and that a copy of the same be handed to his family.

HOSPITAL MEDICAL COLLEGE, }  
LOUISVILLE, April 4, 1881. }

Mrs. Richard O. Cowling:

DEAR MADAM—At a meeting of the Faculty of the Hospital Medical College we were appointed a committee to extend to you their heartfelt sympathies in your affliction. We express to you our high appreciation of your late husband, recognizing in him the noblest qualities of an exalted manhood.

He was brilliant beyond compare, because of a high native endowment cultivated by rare classical training. As a man he was the delight of his associates, his genial nature irradiating its own generous warmth to all around. As a surgeon, his capabilities opened up before him any meed of fame he desired. As an author and writer, history will give him high honor.

Allow us personally to extend to you our most earnest sympathy, and to mourn with you our mutual loss.

Yours very respectfully,

WILLIAM BAILEY,  
E. D. FORÉE.

LETTER FROM PROF. GROSS.

PHILADELPHIA, April 2, 1881.

DEAR DOCTOR GALT: Your telegram profoundly shocks me. I loved, dearly loved Cowling, and not only loved him but had the greatest admiration for him. He was talented; he was brilliant; he was eloquent. I had no idea that one so young and so full of health could die. I never coupled death with his being. His loss will be universally deplored. We had hoped to have him with us next March to deliver, as he had promised, the anniversary address before our Alumni Association, and we had anticipated much pleasure in meeting him. We shall see him no more; we shall never behold his genial smile or feel the warm grasp of his hand. I shall mourn only as a father can mourn for a favorite son.

I pray you to convey to Mrs. Cowling my warmest sympathy in her deep affliction, and to say to her how profoundly I feel the loss of a man who was so great an ornament to his profession, and whom I always ranked among the kindest and best of my friends.

God bless her and her dear children.

Very truly yours,  
S. D. GROSS.

LETTER FROM DR. R. S. WALLACE.

EAST BRADY, PA., April 2, 1881.

DEAR MRS. MASSON: I was pained and surprised at the receipt of your telegram announcing the death of your brother. The more so as I had not heard at all of his illness. The medical profession has lost a

shining light and will greatly miss his spicy editorials in the MEDICAL NEWS.

You and the rest of his family will please accept my condolence at your great loss.

Respectfully,  
R. S. WALLACE.

#### THE SHORT-LINE RAILWAY.

A meeting of the Executive Committee of the Board of Directors of the Louisville, Cincinnati & Lexington Railway was held on Monday last, and the following resolutions adopted:

*Resolved*, That we have heard with deep regret of the sudden death of Dr. R. O. Cowling, the surgeon of this road.

*Resolved*, That in his death the road has lost a most valuable officer, whose place can not be easily filled; a surgeon of confessed ability, whose skill and fidelity have saved life and restored injured men to health, whose kindness and sympathy went out to all who were hurt. He won the regard and affection of all with whom he was brought in contact.

*Resolved*, That we tender to his bereaved family our sympathy in their great loss, and that these resolutions be spread on the minutes of the company.

## Reviews.

### Manual of Diseases of the Throat and Nose.

By FRANCKE HUNTINGTON BOSWORTH, A. M., M. D., Lecturer on Diseases of the Throat in the Bellevue Hospital College, etc., etc. New York: Wm. Wood & Co.

The author says in his preface that this work is the result of ten years' experience in public institutions and in private practice, and that he has endeavored to confine his remarks to his own personal experience, recording candidly his failures as well as his successes in treatment. In describing special methods of treatment he is clear and explicit. The book is abundantly illustrated by woodcuts borrowed from Cohen's and from Mackenzie's works. A considerable number of formulas are added in an appendix, and a full index is a means of ready reference to any throat matter the reader may desire to look up. The author's pathology is certainly exceedingly simple. He divides throat-inflammations into six kinds; namely, acute and chronic catarrhal inflammation; acute and chronic follicular inflammation; croupous inflammation; diphtheritic inflammation.

Like almost all specialists he regards the maladies of which he treats as local affections, to be cured chiefly by local treatment. Physicians not possessing a first-class work on throat-diseases will do well to purchase this. It is attractively written and handsomely gotten up.

L. P. Y.



Formulary.

TO DISGUISE THE TASTE OF CRAB ORCHARD SALTS.

Dr. W. O. Roberts recommends nitro-muriatic acid, ten or fifteen drops to each dose, in half a glass of water. The combination promises to be a happy one, and ought to be useful in the treatment of hepatic disorders.

DABELL'S PURGATIVE TINCTURE.

- R Res. podophylli..... gr. ij;
- Essentiæ zingiber..... ʒj;
- Spts. vin. recti..... ʒij.

M. S. One dram at night when lying down every two or three nights. Podophyllin is claimed to act mildly.—*Gaillard's Med. Journal.*

COMPOUND LICORICE POWDER.

As this laxative powder, under the name of pulvis glycerhizæ compositus, has come into popular use of recent years, being imported, so to speak, from the German Pharmacopeia, it may be interesting to the practitioner to know that it is not by any means perfect in its composition. It occasionally has a tendency to gripe, and, we think, should contain a larger amount of fennel. The following is its formula:

- R Glycerhizæ pulv..... } āā ʒij;
  - Sennæ pulv..... } āā ʒj;
  - Sulphuris loti..... } āā ʒj;
  - Foeniculi pulv..... } ʒvj. M.
  - Sacchari albi.....
- Canada Lancet.*

DOMESTIC REMEDY FOR FELON.

Dr. T. C. Brannon says, in *Therapeutic Gazette*, July, 1880, that for twenty years he has used the following simple treatment: Take of soft lye soap and flaxseed meal a sufficient quantity. Stir in the meal thoroughly and slowly so as to form a salve or poultice; envelope a finger in this, applying snugly, and occasionally pressing it to bring it completely in apposition, and renew it every twelve hours. The escharotic properties of the soap soon destroy the thick skin over the region of the disease, and partly accounts for the quick relief of pain. Besides this the agent is partly absorbed, and thus affects more or less the disease process.

MEDICATION IN UTERINE AFFECTIONS.

Dr. Joseph H. Warren, of Boston, says that, with rest in bed, the following internal remedies will be found very efficacious in relieving the first acute and engorged state of acute metritis:

- R Chloral hydrat..... ʒiij;
- Chloral croton..... gr. xxx;
- Liq. opii comp..... ʒvj;
- Glycerin..... ʒij;
- Syr. tolu..... ʒj.

M. Sig. A teaspoonful every hour until ease from pain and sleep be induced. If vomiting occurs, which is almost always an accompaniment, I would add to the above mixture, in place of the croton chloral, bromide of potassium, and a solution of sulphate of morphia for the liquor opii compositus. Should the patient reject every thing by the stomach, I would throw up into the rectum an enema of starch-water and a dram of tincture of opium.

If great degeneration of the tissues has followed with a malignant or cancerous appearance, we may use with good result the chloride of zinc and blood-root added, in some convenient vehicle, to cosmoline or vaseline. My formula, if there is much odor and a bloody, thick, unhealthy discharge from the cervix and os, is—

- R Chloride of zinc..... gr. x;
- Pulv. sanguinaria canadensis, gr. xv;
- Cosmoline..... ʒj.

M. Sig. Apply with a syringe through a curved canula.

Dr. Warren also says: Lime-water and aloes are useful in ascarides of the aged and young children. Often the secretion from the anus will cause a severe prurigo of the vagina and mons veneris of both little girls and the older ones. An injection of this should be used at night, both up the rectum and vagina, in the older girls particularly. A tablespoonful of this, taken for adults internally in case of ascarides and constipation, will work very well. My formula is one part of tincture of aloes to three parts of lime-water for internal use by the mouth, viz:

- R Aloes..... ʒj;
  - Aq. calcis..... ʒiij.
- Virginia Medical Monthly.*

Miscellany.

IS THERE OZONE IN THE ATMOSPHERE?—Two important papers on atmospheric ozone by E. Schöne are discussed in *Nature*. This observer, who has given much careful study to the subject of ozone, says that the smell of ozonized oxygen does not at all resemble the peculiar odor noticed after a lightning flash (*Brit. Med. Journal*). The true smell of ozone is, however, frequently noticeable in ordinary air, and coming from the clothes of persons who may enter a room from the open air in winter. The ordinary potassium iodide papers are valueless as ozone measurers, according to Schöne. A small amount of ozone in moist air produces a greater depth of color on these papers than a larger amount of ozone in dry air. The humidity of the air and the hygroscopic character of the material from which the paper is made, therefore largely influence the depth of color produced. It has been supposed that much ozone is produced in the neighborhood of waterfalls, but the increased depth of color of the potassium iodide papers is only due, says Schöne, to the great humidity of the air. Schönbein's "ozonometer" serves as a very rough hygrometer. Paper coated with thalious hydrate is recommended as a measurer of the relative amount of "oxidizing principle" in the air; the paper is colored brown—owing to production of thallic ox-



ide—by ozone or hydrogen peroxide. The general conclusions are briefly these: 1. The papers are colored more deeply during the day than during the night; this difference is more apparent during the long days of the year. 2. Increased wind-force causes increased coloration, because a greater quantity of oxidizing substance is brought in contact with the paper during the time of exposure. 3. Cloudiness and rain especially influence the coloration; the heavier the rain the smaller the coloration of the paper. Direct determinations of hydrogen peroxide have shown that when the thallium papers are much colored this compound is present in the atmosphere in comparatively large quantity. Herr Schöne regards the actual existence of ozone in the atmosphere as at present an open question.

**THE MANNER OF DEATH OF THE CZAR.**—Telegraphic dispatches give the following particulars of the Czar's death: As soon as the Czar was removed to the Winter Palace Dr. Droriachine, who was among the first physicians summoned to his bedside, prepared to amputate his legs, which were held to the body by the flesh alone (Med. Rec.). The bones of each limb were broken and the blood flowed so copiously that the sufferer fainted from its loss. India rubber bandages were applied, first to the right leg below the knee and then to the left, and the physicians as rapidly as possible caught up the ends of the arteries and tied them. Under the influence of sulphate of oxygen and ice the emperor began to breathe quite audibly, and finally he opened his eyes. In their search for further wounds the physicians found, upon removing the glove from the right hand, that the member had been severely lacerated, and that pieces of his marriage ring were imbedded in the flesh. With the restoration of partial consciousness hopes began to be entertained that the emperor would survive, frightful as were his injuries. Chaplain Bjanor availed himself of the interval of apparent consciousness to administer the sacrament. A minute or two afterward the eyelids dropped and the heart ceased to beat.

THE Army Medical Department has sent out Mrs. Deeble and six lady nurses to attend the sick and wounded in the Transvaal. It will be remembered that Mrs. Deeble and her staff of lady nurses rendered valuable assistance to the sick and wounded during the Zulu war.—*Brit. Med. Journal*.

**JABORANDI.**—In addition to pilocarpine, Messrs. Flarnack and Meyer have obtained a second alkaloid from this drug, which they propose to call jaborina. This alkaloid differs from pilocarpine in its sparing solubility in water and readier solubility in ether (Medical and Surgical Journal). It was separated from commercial pilocarpine, as a colorless amorphous body of strong basic properties, forming amorphous salts. Its action is said to resemble that of atropia upon a frog's heart; no other test appears to have been tried.

**HOW TO TEACH OSTEOLOGY.**—Professor O. W. Holmes has introduced into anatomical teaching a decided improvement in the study of osteology. While abroad during the summer he purchased ten skeletons, each of which has been divided into parts—skull, thorax, spine, legs, and arms. These parts are each provided with a wooden box with a sliding cover, and a handle to carry it with. The parts are distributed to those students who desire them on a stated day. Each box is lettered and numbered, and the student enters his name with the letter and number of his box in a book kept for the purpose. The parts are kept six days, a fine being incurred for each day beyond the prescribed time.—*Medical Bulletin*.

## Selections.

**Intussusception Relieved by an Injection.**—By Alfred Kebbell, M.R.C.S. Eng. (British Medical Journal):

John V., age twenty-one, joiner's apprentice, came to me on March 17, 1880, complaining of pain in the right side of the abdomen. He said it came on after a sudden twist (British Med. Journal). As he had no other symptoms I gave him a mild aperient, and told him to rest for a few days. On March 18th he was not so well. Temperature 104.8°. He complained of sore throat. As he had recently been exposed to the infection of scarlet fever I expected he was going to be attacked. On March 19th he complained more of pain in his body. He could not bear pressure. A milk diet was ordered and poultices to the abdomen. On March 22d the pain and tenderness of the abdomen was the same. I ordered one eighth of a grain of morphia in pill twice a day. The symptoms remained much the same till March 29th; the bowels had acted slightly once or twice, and he remained tolerably easy with the morphia pills; the abdomen, however, became distended. Up till this time I regarded the case as one of peritonitis.

On the afternoon of the 29th I found him vomiting, with an anxious expression; tongue brown and furred. He complained of pieces of jelly-like substance passing from his bowel, and of difficulty of



passing urine. The catheter was used, but little urine passed. He had hiccough. On examining the bowel I found the anus so dilated that I could easily have passed in my hand. A quantity of jelly-like mucus was escaping. On passing my finger I found a portion of bowel as large as a man's fist; it felt almost like the fetal head in perineum; and every few minutes there was violent bearing-down pain, which gave the impression that descended bowel would soon pass through the anus. The finger could be passed all around the mass, and high up at the back I could just introduce the tip of my finger into the orifice of the invaginated portion. As I was some miles from home and had no long tube with me, I returned on the following morning, March 30th. With some difficulty I introduced the long tube of a stomach-pump through the orifice mentioned, and with steady pressure passed it about two feet, and then injected slowly three pints of soapy water. Flatus passed through the tube, and shortly afterward liquid feces. Some pain was caused during the injection, but almost immediate relief followed. On examining the bowels I found the descended intestine much decreased in size. I gave strict orders that the motions, if any came, were to be passed on the back; but on returning in about an hour I found the patient seated on the night-chair, having the bowels very freely moved. On the following day I found him with all his bad symptoms relieved. Nothing was to be felt in the rectum except the feces, and from this date he made a very rapid recovery.

**Congenital Absence of Eyeballs.**—Dr. John P. Wall, Tampa, Fla., writes to the New York Med. Record:

There came under my observation a few days ago a child, white, male infant, six months old, who was born without eyeballs. With Dr. J. Z. Porter, Assistant Surgeon U. S. A., I carefully examined this case. The *tutamina oculi* appear to be perfectly formed, although the lids are small and appear not to have grown any since birth, owing probably to lack of function and the natural distension which the presence of the balls would have produced. The lids, as a consequence, are somewhat retracted into the empty sockets, and because of this and their non-development they can be separated only to a very limited extent to gain a view into the empty sockets. We satisfied ourselves, however, that there were no eyeballs present even in a rudimentary form. The child is well grown for its age, intelligent, and seems all right in every other respect. When it cries from pain its mother states that it sheds tears, showing the presence of the lachrymal gland. The mother, upon being questioned as to any probable cause to which she could attribute this defect in her child's formation, stated that about a month and a half after conception she was frightened, in crossing a stream in a ferry-boat, upon turning her head and observing unexpectedly behind her a negro man who had lost one eye, the lids of which were closed and retracted into the socket. This is the only incident which occurred during gestation to which she attaches any importance.

As relating to maternal impressions, I will mention an instance which would seem to indicate that there may be something in it, in the first place, and that the deformity may appear in another child subsequently as a result of the physiological effect of the first on the mother. In 1872 I operated for harelip on the second-born of a lady, who stated that in the

first months of pregnancy she had seen a very ugly double harelip in a child six years old. This latter child I also operated on successfully two years afterward. About a year ago I operated on another child of this same lady's for double harelip, who also has cleft soft palate. Now, so far as can be discovered, this harelip deformity can not be traced to any of the progenitors of these parents, and consequently I am rather disposed to attribute the first case to maternal impression, and the second to the physiological effect of the first on the mother than to atavism. Where a woman has had children by two husbands, physiologists say that it is not unusual for the children of the second husband to resemble the father of the first set, which they attribute to the physiological impression of the first made on the mother while *in utero*. Now is not the same thing possible, and even probable, as regards deformities?

**Climate in Kidney-disease.**—One case in forty-nine at Aberdeen, compared with one in 4,303 at Genoa, proves the influence of climate in producing kidney-troubles (Buffalo Med. and Surg. Journal). In very cold climates the respiratory function is so exalted that the stress of excretion falls upon the lungs, and much passes off by the lungs that in warmer climates would pass as excrementitious matter from the kidneys. In warm climates other excreting organs than the kidneys are in a state of increased activity. A failure in the action of the skin would occasion a demand upon the liver and alimentary canal rather than upon the kidneys. In temperate climates it appears that the kidneys sympathize and alternate with the skin more than do any other organs. So that an exposure which, in England, would produce a nephritis, in India would develop hepatitis or dysentery. While not knowing the exact relation, we do know that calculous formations are related to disturbed assimilation. In some cases strawberries always produce nephralgia. Hard—particularly lime-waters—should be interdicted; but the drinking in abundance of wholesome waters is advised. Upon drinking Niagara water the urine becomes more acid and turbid. The drinking of Bethesda, Apollinaris, or rain waters increases and clears the urine, rendering it less acid. Probably the Springs of Vichy provide the best waters for cases of uric acid diathesis. Rosicrucian is like Apollinaris without, however, the gas.

Why not use Buffalo Lithia Springs water? Many good results have followed its use.—*Virginia Med. Monthly*.

**Treatment of Suppuration of the Knee-joint by Free Incision.**—A series of cases of more than usual clinical interest were brought before the Medical Society of London last Monday evening showing the good result which may follow the effect of free incisions into with subsequent drainage of the suppurating knee-joint, even without the employment of special antiseptic precautions (British Med. Journal). Dr. Alder Smith brought one such case there, and Mr. E. Owen three. In each instance the movements of the knee-joint remained but little, if at all, impaired. The president (Mr. Gant) remarked that the patients which were there exhibited formed a most interesting surgical spectacle. All four cases were those of children; but we understand that other patients, adults, in whom equally good results have occurred, are likely to be exhibited at a future meeting of the Society.



# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. XI.

LOUISVILLE, APRIL 16, 1881.

No. 16.

J. W. HOLLAND, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M. D., . . . . . Managing Editor.

## SALUTATION.

The publishers of the News feel that by the death of Dr. Cowling it has lost a tower of strength. Under his direction it throve apace, reached a self-sustaining plane, and acquired an influence recognized widely in the land. They are emboldened by its past career to maintain the enterprise further, depending for success upon methods instituted by him and of approved merit. They venture to suggest to contributors and subscribers, whose interest in the journal was largely due to personal friendship for its editor, that they should continue their good offices as the most practical way of building a monument to his memory. To him the News was very dear. Author of its being, he had always for it a father's solicitude. His buoyant nature had never a doubt of its future; it had a mission to which he was willing to consecrate his time and his genius. His successor deprecates comparison with him, feeling emulous rather than equal, and begs for a while the indulgent regards of all who shall find in the change a foil to set off to greater advantage the high qualities of the deceased.

It remains for the reader to take for what it is worth the pledge that in the editorial task of making a little saner this corner of the world, he shall do

"Distinctly his full function."

DR. BUCHANAN tells tales out of school, and up go two diploma-mills.

VOL. XI.—No. 16

## INSANE ASYLUMS.

It has been often declared of late by thoughtful students of secular politics that the next step in advance is to be a reform in the civil service. The question for us just now takes this shape: "Shall the medical officers of the State asylums for the insane hold by rotation as a reward for party work, or during good behavior?" The *time spirit* has inspired the retiring President of the Kentucky Medical Society, who has had close observation of both methods, to sound a note which if swelled by the echoing opinions of doctors generally, will produce such an impression upon the next legislature as to reduce materially the interest some patronage-seeking brethren take in State politics.

This truly regrettable feature of the movement toward reform should not be allowed to block its way. Says President Todd:

The better protection of the insane appeals to you, my fellows, as well as to the politician and political economist, to labor and legislate for their relief. That relief is asked for through you of the Kentucky State Society this evening from those at our very doors in whose behalf I most earnestly appeal to you. That relief is to be obtained only by legislative enactment taking from the governor of the Commonwealth the power of appointing medical superintendents for the hospitals for the insane, and returning the power of appointing that officer to the boards of commissioners, where it belongs, and whence it was taken but a few years ago. These commissioners should receive adequate compensation for the faithful performance of the delicate and responsible duties; they should be men of high character for learning, integrity, and philanthropy, eschewing all local and other prejudices, but above all and especially *politics*, that fatal rock against which the hopes and fortunes of many of our charitable institutions have been dashed and wrecked. The medical superintendent should hold office during life or good behavior, the question of



the latter to be decided by a court composed of all the commissioners of the State. . . . Frequent change of medical superintendents needs must be detrimental to restoration of patients and general prosperity of the institutions. Therefore this relief to the unfortunate is demanded by humanity and the progress of the age. In the name and for the sake of those who wander forth with the gates of reason closed behind them, I demand it. Let the Kentucky State Medical Society demand it, and with such a respectful emphasis and firm authority that no man standing for office can look his constituency in the face and dare refuse it.

There is small hazard in the conjecture that the change from the good old plan has been demoralizing upon the whole official body. The medical staff can have little leisure to study profitably the cases of mental and nervous diseases so bountifully provided them, if they are expected to "log-roll" for a particular candidate at primaries and in convention. Much anxious calculation must precede as well as follow the answer to the challenge, "Under which king?" Lobbying the legislature, hat-tossing for patrons, and other engrossing occupations of a like character necessary to a firm tenure of office, have not been found compatible with a love of learning for its own sake. The blame lies at the door of the vicious system that constrains any body to take constant thought of serving this or that political boss, lest his living be taken from him. We cherish the hope that, some day, medical superintendents shall be chosen for distinguished merit, installed by unselfish and wise commissioners to take care first of the sick, then of the duty which falls to the lot of those who have unusual opportunities for advancing knowledge. Shall there ever be a western contribution to knowledge to compare with the West Riding Asylum reports?

To this the office-seeking doctor will reply by a shake of his sagacious head, and a smile of incredulity that reveals more insight into the ways of the political world than knowledge of the force of moral ideas.

Our faith is great in the power of an individual to rise superior to circumstances; but we question if even a Ferrier or a Maudsley could bourgeon out all that is within him,

if he had no more sense of security or scholarly leisure than the present management of our asylums favors.

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AMERICAN MEDICAL ASSOCIATION. — Our enterprising cotemporary, the Virginia Medical Monthly, proposes to serve the American Medical Association during its meeting in Richmond, on May 3d, 4th, 5th, and 6th, with a daily journal containing a full account of the transactions of that body stenographically reported. Copies, four in number, will be mailed to any address in the United States for forty cents, or to any in Europe for fifty cents. The undertaking is a worthy one, and deserves support. Orders should be sent to Landon B. Edwards, M.D., Richmond, Va., U. S. A.

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## Original.

### INFLAMMATION.

BY JAMES T. WHITTAKER, M. D.

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The old text-books on practice were prefaced with long chapters on inflammation, which chapters had the history of most prefaces, in that they were seldom or never read. So it was an obligation on the part of the teacher of theory and practice to begin his course with a discourse upon inflammation, the chief effect of which was to appall the student at the threshold of his studies. The literature of inflammation is a vast library nearly equal to that of all the rest of medicine. Nothing of it all, either as regards the cause, the signs, or treatment of inflammation survives in the scientific pathology of our day. Nothing but the importance of inflammation survives to our day. For as much as ever is inflammation regarded as the foundation-stone in the structure of pathology. Whoever may make a disclosure regarding the nature of inflammation puts his name upon the record in characters more indelible than those of the discoverers of remedies which cure disease. Who can repeat, for instance, the names of the individuals who first used the iodide of potassium in syphilis or salicylic acid in acute rheumatism, but who can not repeat the names



of the individuals who acquainted us with cell proliferation, vasomotor action, and corpuscular migration?

Phlogosis, inflammation, a fire, a kindling, a blaze; this was all the idea of inflammation in the days of Greece and Rome. Celsus and Pliny, the great encyclopedists, who collected and handed down to us all the knowledge that existed up to the time of Christ, gave us as the sum total of inflammation "*calor, rubor, tumor, dolor*, a stereotype phrase which we continually repeat; "heat, redness, swelling, pain." Of these symptoms, the *calor* stood out in the foreground, and was always mentioned first. No further knowledge of the nature of inflammation was possible to the naked eye. The one gross and easily-recognized factor was the afflux of a greater quantity of blood. Given a dilatation of the blood-vessels, and as a necessary consequence followed an increase in the tide column of the blood, *calor and rubor*, an exudation from the vessels, *tumor*, and pressure upon sensitive nerves, *dolor*.

The first discovery of the microscope was the recognition of dilatation of vessels preliminary to and coincident with the phenomena of inflammation. The next and most natural step was to connect the dilatation of the vessels with the nervous system, "*Ubi stimulus, ibi affluxus*. The stimulus of the inflammation developed a paralysis of the vessels, it was claimed, on the one hand, or on the other a spasmodic contraction which forced the blood into and distended neighboring vessels. But it was soon observed, of course, that a mere filling of the vessels, a stasis, does not fulfill the conditions of an inflammation. Paralysis of blood-vessels such as ensues after section of the vasomotor nerves is attended with hyperemia, it is true, and additional influx of blood does take place into neighboring vessels when the circulation in one set is impeded or blocked; but these are phenomena of hyperemia, stasis, or infarction, and in no way constitute an inflammation. The attempt to displace the old humoral pathology of Galen, which located inflammation in the blood, by substitution of the nervous system thus resulted in a failure. But attention was diverted from the blood for the time; and although the action of the nervous system as a cause of inflammation had to be abandoned, there was no disposition at this time to return to the blood as the prime source of the phenomena.

The Galenic pathology reigned in undis-

puted sovereignty up to our own century, the earliest decades of which introduced the vasomotor or neuro pathology of inflammation. Toward the middle of it came the knowledge of the power of the cell. The cellular pathology was a natural sequence to studies in histology and physiology, both very recent branches on the tree of medical science. How it flourished and blossomed and bore fruit out of all proportion to the rest is a matter of history fresh in the minds of every student of today. Virchow found it budding, so to speak, and he trimmed it and trained it to extreme hypertrophy and hyperplasia, to use his own words. According to this theory of inflammation, the irritation (stimulus) was present first in the cell, and the hyperemia (affluxus) was a secondary consequence, the result of attraction to the cell. The doctrine of the solidists was thus again set in full swing. The *rubor and calor* were due to the presence of an increased quantity of blood; in the statement of which fact the term hyperemia, as indicating an effect, was of course preferred to congestion, which was too active in its signification; but the *tumor* and *dolor* were differently explained. The *tumor* was in fact not due to exudation from the blood and organization at times of the extravasated material, but to increase in size or to multiplication of the cell elements themselves by so-called hypertrophy or hyperplasia. The *dolor* when present was the effect of pressure upon the nerves of proliferated cells or of disturbed nutrition of the nerve-centers (cells). In fact, disturbance of nutrition was now looked upon as the essence of inflammation, and the retrograde changes which sometimes supervened later were all the results or effects of more profound or more long-continued disturbances of nutrition in the cell.

Virchow published his Cellular Pathology in 1847, and for twenty years the cell-doctrine had unbroken sway. Then, 1867, came the discovery by Cohnheim—Waller had described it many years before, but attached no significance to it—of the migration of the white blood corpuscles, which effected a complete *bouleversement* of all previous views; so absolutely does one little fact, irreconcilable with chapters of speculation, disprove and dispossess all previous theories. It is unjust, however, to characterize the cellular pathology as a theory. The disturbance in the nutrition of the cell, its hypertrophy and its hyperplasia, are also facts resting on direct observation. It is the sig-



nificance attached to these processes which is theory and not fact; for it is known that the changes in the cell of the inflamed tissue are but the consequences of inflammation, are by no means its cause, and are not even the first effects. Alterations are to be seen in the blood-vessels and in the constituents of the blood itself, before the manifestations of any change in the cell. In point of time, the changes concern first the walls of the vessels, and next the constituents of the blood. This sequence refers of course only to visible alterations; for it is fair to be presumed—in fact it is almost a necessary assumption—that the first alterations affect the blood itself, and the change in the vessel-walls is a consequence of this affection.

In so far as the phenomena of inflammation may be rendered palpable to the senses, the first observable effect of the application to the tissues of an irritant is the dilatation of its blood-vessels—at first of the arteries, then of the veins, and last and least of the capillaries. The rapidity of the blood-current may be increased or diminished by this enlargement in the caliber of the vessels. As a rule, it is first increased; but whether this be the case or not, it is always subsequently retarded.

The next step is the change in the disposition of the elements of the blood. In accord with the same physical laws which cause drift to flow in the center of the course of a rapidly-running stream, leaving the borders free, all the corpuscular elements of the blood circulate in the center of the vascular tubes, the plasma along the walls. As the blood-vessels are tubes and not canals, the corpuscles, in keeping equi-distant from the walls in every direction, assume or have imparted to them an axial rotation down the center. But so soon as this physiological condition is disturbed, so soon as the vessel-walls experience the effects of the inflammation in the dilatation mentioned, the disposition of the corpuscles is changed. For it is noticed now almost at once that while the red corpuscles may continue to be whirled along for a while with the same or even increased rapidity, the white corpuscles are held back, as it were, are floated out from the center of the stream into the free border along the walls. Now they are moved along slowly, sticking here and there to the inner surface of the tube, to finally remain perfectly quiescent. The next step is their escape from the interior of the vessels, the discovery of which marks an epoch in the history of inflammation. Like all young

cells, like all embryonic cells (except the very first, the ovum), the white blood-cells are endowed with the inherent power of motion. The motion in the white blood-cells displays itself in irregular protrusions or prolongations of some portion of its substance. One of these prolongations finally comes to insinuate itself into an interstice of the vessel-wall, to creep through the wall, and be gradually followed by the rest of the body of the cell, until at last the whole cell has traversed the thickness of the tube, and now stands out free upon its outer surface. Thence it wanders or is washed by extravascular juices to some place in the vicinity of its escape; to either remain stationary, without power of further motion, dead, or to undergo subsequent change, to be referred to again.

This migration of the white corpuscles occurs in greatest abundance in the veins, where these bodies are present in greatest number, and where, in consequence of comparative sluggishness of the circulation, they come to lie in greatest abundance along the walls of the vessels. The whole length of the vein at the seat of the inflammation becomes incrustated with a layer of the white corpuscles in the short space of six to eight hours. The corpuscles also wander, in less degree, through the walls of the capillaries, but the walls of the arteries are impervious to their escape. With the escape of the corpuscles escapes also some of the plasma (serum) of the blood, and thus is developed the exudation, or, in the case of an internal organ, the infiltration, in the old sense the *tumor*, one of the signs of inflammation.

The visible phenomena of inflammation consist, therefore in, first, dilatation of the blood-vessels; second, retardation of the blood-current; third, vascular incrustation with white blood corpuscles; and fourth, emigration of these cells.

But the mere observation of these phenomena does not satisfy the instinctive spirit of inquiry. The questions now arise, why do these processes occur in such systematic sequence, and what is the very first or primitive action which starts them into being?

The temptation continually presents itself to attribute the phenomena of inflammation to the action of the nervous system. Given a dilatation of the vessels under the action, or lack of action, of the vasomotor nerves—whose function it is to regulate their size and thus the blood-supply to definite tracts—given this dilatation, will the remaining phenomena of inflammation follow? It has been



intimated already that while section of the vasomotors will lead by paralysis to dilatation of vessels, afflux of blood with its attendant signs, *calor* and *rubor*, it does not lead to accumulation of the corpuscles along the wall of the vessels, or to their emigration through their walls; and these processes are, as we have seen, the essential elements of inflammation. It is clear, therefore, that we must look elsewhere for the first link in the chain of inflammation. Now close observation has revealed the fact that the blood-vessel walls also show change in inflammation. The application of various reagents relieves the picture of homogeneity in their construction, and displays the outlines of the endothelial cells. These cells are seen to be united along their borders by a substance that acts like cement in sealing them together; but microscopic interstices (stomata or stigmata) may be seen to exist every where.

The first change which takes place in the vessel-walls, as the result of inflammation, is the loosening of the cement substance, and the increase in number and size of the openings or stomata between the cells. Passage-way is thus opened up for the white blood corpuscles. The stomata, however, are not to be looked upon as preëxistent. They show themselves at the time the tissue is subjected to inflammation, and constitute interstices of very varying size and shape; being so small sometimes as to permit the transudation of the serum only, or again so large as to let slip through or step through (diapedesis) the red corpuscles as well as the white. Of course the white corpuscles will be the first to escape, in the rule, because of their power of motion, and yet we can not help thinking that the condition of the wall has most to do in determining the escape of blood constituents, because in some affections the red corpuscles escape alone. This is the case in the most intense of the acute infections as in croupous pneumonia, hemorrhagic smallpox, acute parenchymatous nephritis, as well as in those peculiar affections characterized by petechial eruptions (purpura hemorrhagica, the hemorrhagic diathesis, scurvy, etc.). But the lesion must be gross, and the stomata very large in size, to permit the escape of the red-blood corpuscles which have no power of issuing protrusions or of undergoing constrictions.

If it be quite superfluous to invoke the action of the nervous system to account for the dilatation of the vessels and the changes in its walls, it is none the less superfluous

to call it to account for the disposition of the white cells along the walls. For this phenomenon is known to be a purely physical process. Schklarewsky has shown that if two finely-powdered substances, carmine and graphite, for instance, be introduced into tubes filled with a circulating fluid, the particles will separate, with a retardation in the velocity of the current, so that those of lightest specific gravity come to form a layer in what was hitherto the free border along the vessel wall. Weigert states that this phenomenon is especially marked if the tubes vary in size to imitate the varieties in size of arteries, capillaries, and veins. For the border accumulation or incrustation of the lighter corpuscles then shows itself best in the largest tubes (as in the veins), while the heavier corpuscles continue down the center of the tube. He compares the process to what takes place when a bullet and a cork or a paper-plug are simultaneously shot from a gun. The cork or paper wad falls quickest to the ground. But, should the current be checked too much, all the particles float out from the center to the circumference. So it is observed exactly in the case of the blood-corpuscles. In stasis there is no border incrustation of the white corpuscles.

The new doctrines concerning inflammation have to do chiefly with the white-blood corpuscles, their conduct in the blood vessels, and their fate after escape. It is very true that inflammation may exist in extravascular tissues, when its whole phenomena will consist simply in multiplication of existent cells, or, if this be insufficient, of connective tissue-fibers, to fill in any breach. A wound on the cornea, for instance, closes up entirely by proliferation of the corneal cells, or if these do not suffice, of the connective tissue cells; but in all vascular tissues the course and character of the inflammation will be indicated by the conduct of the white-blood cells. Certain events now await the emigrated white-blood cells:

1. They may be absorbed again into the circulation;
2. They may perish by the various forms of cell degeneration;
3. They may be converted into fibrin; it is a well-established fact that the more white cells the more fibrin;
4. They may be organized into connective tissue (a still controverted conclusion);
5. They may be changed into pus.

Virchow had long ago noticed the apparent identity between white-blood cells and pus-cells, but it was left to Cohenheim to show that the identity was real. It is, however, a very widespread error, the belief that



pus-cells are unchanged white-blood cells. The change which must occur to make a pus-cell out of a white-blood cell is very great. It is a change no less than the death of the cell. The nuclei degenerate into granular detritus, the protoplasm loses its power of motion, its capacity of construction, with which it is endowed in a higher and more varied degree than any other cell in the body (except the ovum); in short, it loses its life. But this death of the white-blood cell is not a passive process. The white corpuscle does not die of itself; it is killed. It may be put down as a law that the poison which kills the white-blood cell invariably comes from without. The results of the antiseptic treatment of wounds have clearly demonstrated the fact that inflammation may occur without suppuration; a simple trauma is not sufficient to produce it. A necessity of suppuration is connection between the wound and the outside air. Numerous experiments prove that various micrococci have the power of killing the white-blood cells—i. e. of converting them into pus-cells—and that this conversion can take place in no other way. In the case of inflammation of external structures, in contact with the outside air, or of internal structures in connection with the inside air (in the lungs, intestinal canal, etc.), the road of entrance of the micrococci is plain enough. In his report on Micro-organism in Surgical Diseases (British Med. Jour. March 12, 1881), Ogston shows the invariable presence of micrococci, averaging in number 2,901,023 in each cubic millimeter of pus. "Suppurating wounds contain micrococci, whose numbers and activity are proportionate to the intensity of the suppuration," he says in conclusion. The burthen of the whole series of experiments is in proof of the fact that the micrococci are the cause, and not the effect or mere coincidence, of suppuration. "Where no micrococci are present in wounds, no pus is produced, the discharge is serous." And so it is exactly in the case of inflammation of internal organs, although we are not always able to demonstrate as yet the avenue of communication. Empyema presupposes a previous or existent communication with the lungs, if it has not resulted from a paracentesis; and abscess of the liver, communication with the intestinal canal. Abscess of the brain is traumatic or results from caries, and in either case the road is open to the air. But the so-called abscesses without this communication turn out to be simple softenings, such as result from thrombus or embolism, and show no

pus. Purulent accumulations deep within the recesses of the body, as at the base of the brain or about the meninges of the cord in cerebro-spinal meningitis, though difficult of explanation as yet, must nevertheless be referred to the same category, until the road of communication shall have been found. So, the short expression of the fact is, no air (micrococci) no pus.

These micrococci which kill the white-blood cells, or in other words, which produce pus, are in no sense identical with the bacteria of decomposition, nor is their action alike. The pus which the micrococci produce is healthy pus, the *pus laudabile* of the old surgeons, thick, creamy, sweet in its odor and taste. But when entrance is offered to the bacteria of decomposition, the pus is changed at once. It becomes thin, offensive, sanious. Such pus is no more true pus than pus-cells are white-blood cells. Such pus is ichor. In a simple fracture of bone there is no pus at all, the exuded white-blood cells organize the blastema which becomes converted after many intermediate steps into bone. In compound fracture properly cared for a healthy laudable pus may form. But in compound fracture under unfavorable hygiene, the pus is changed to ichor.

We come now to study the ultimate or most remote cause of inflammation. It is well known that an inflammation may be produced by gross physical cause—mechanical, chemical, thermic; but in point of fact the vast majority of inflammations are not produced in this way, but by the *introduction into the blood of infectious matter from without*. In other words, in the vast majority of inflammations the cause is specific. In old times every thing was referred to trauma; at least all affections not produced by "taking cold" were supposed to be due to mechanical cause. So abscess of the liver was due to a blow upon the side, and croupous pneumonia to taking cold; but neither of these causes can possibly produce such effects. The hepatic abscess finds its origin in the intestinal canal, and lung-fever, like malarial fever, in a specific poison in the air. The local inflammations are for the most part first expressions of the effects of an outside toxic agent, which does damage at the seat of its reception or deposit, and thence subsequently invades the blood. Tri-chinosis is a good example. First appear the gastro-intestinal signs, and later those of migration and colonization. The poison of typhoid fever acts in the same way. Diphtheria is first in the throat and then in the



blood. Tuberculosis offers striking proof. Up to very recent times tuberculosis was regarded as the result of "taking cold;" i. e. of the extension of a bronchitis into a catarrhal pneumonia, and the conversion of its products into caseous matter, the absorption of which infected the blood and body with tuberculosis. The inoculation experiments first made by Villemin have completely disproved this view, and it is now generally conceded that tuberculosis in all its forms results only and exclusively from the ingestion or absorption of tuberculous matter. The place of receipt (the brain, lungs, or intestines) is the first depot of the disease, whence it may be distributed over the body generally.

The cause of inflammation is therefore non-infectious (mechanical, chemical, thermic) or infectious, and the chain of its phenomena traced backward from one of its chief expressions, suppuration, runs as follows: pus, migrated blood-cells in contact with air, dilatation of vessels, retardation of circulation, all first at the seat of the receipt of the injury or of the lodgment of the virus. Then, when the epithelial barrier is sufficiently broken down, comes inundation of the blood, and evidence of general disease.

Inflammation has therefore entirely abdicated the domains of neuro-pathology, and has reënthroned itself in its ancient seat, the blood.

CINCINNATI, O.

## Medical Societies.

### KENTUCKY STATE MEDICAL SOCIETY.

[Reported for the LOUISVILLE MEDICAL NEWS by A. H. Kelch, M.D.]

The Twenty-sixth Annual Session of the Kentucky State Medical Association convened at Covington on Tuesday, April 5, at twelve o'clock M. Dr. Lyman Beecher Todd, of Lexington, occupied the chair. The formality of opening being concluded, the society adjourned to meet again at three o'clock.

Upon re-assembling, an address of welcome on behalf of the profession of the city, was extended to the society by Dr. C. H. Thomas, of Covington. As Chairman of the Committee of Arrangements, he extended to the society an invitation to be present at the banquet on Wednesday evening, and also made the announcement that on Thursday afternoon a reception would be tendered the society at the Cincinnati Hospital by the officers of that institution.

Following the address of Dr. Thomas came the reports of the various officers of the society, which having been concluded, the regular order of pre-

sentation of the papers according to the programme was begun.

The first to respond was Dr. G. L. Dunlap, of Danville, with an able paper on the Improvements in Surgery. Dr. Dunlap confined his paper to the consideration of the major and more rare operations in surgery; speaking at some length on the subject of nephrectomy, whence he went into an interesting discussion upon lithotripsy and lithoplaxy, expressing the belief that the indications for these operations are not at present always recognized, and predicting more frequent resort to them in the future practice of surgery. He then discussed the various operations for ovarian tumors as well as those for removal of the uterus; dwelt at some length on the catgut ligature; commended antiseptic surgery, and discussed the efficiency of chian turpentine in cancerous diseases. Dr. Dunlap showed a commendable familiarity with the operations which rarely receive the attention they merit from others than those of unbounded facilities for observation.

Dr. C. H. Thomas next read an able paper on the subject of Improvements in the Practice of Medicine. He alluded to the recent advances on the subject of acute infectious diseases as dependent upon a specific germ, dwelling upon the increasing belief that pneumonia recognizes such a cause. This he regards as independent of malarial influences, as proved by geographical limits and the season at which the disease prevails. As to treatment, he favors the expectant plan in mild cases, emphasizing the importance of supporting measures, granting something, however, to the recently claimed specific action of quinine. In more severe cases, in general terms he believes in the necessity for the use of antipyretics of all forms included by the term, regarding the chief danger as arising from the accidents incident to a high temperature. He believes in the infectious character of acute rheumatism, notwithstanding the causes of this disease have been pointed out at various times as due to retention or over production in the body of the acids excreted by the kidneys, enforcing his belief by reference to the discovery in the blood of such patients, of micrococci by Prof. Virchow. The theories and experiments in connection with tuberculosis he regarded as valuable, for having called attention to its cause by demonstrating that the disease may be transmitted through the medium of the flesh and milk of tuberculous animals, he claimed that the point of infection has been shown to be the point of inoculation, the disease afterward spreading throughout the system. However much may be said in favor of the truth of this theory, it must be acknowledged that it opens up a melancholy field for reflection.

Dr. S. M. Letcher read the report of the Committee on Hygiene, of which Dr. Pinckney Thompson was chairman. He called attention to many existing deficiencies in the present sanitary system of the State, pointed out the necessity for the authority of the law and appropriation of means for the enforcement of sanitary science, and referred to the position which the medical profession occupies as teacher of the public in these matters.

With this report the work of the afternoon session of the first day closed, and the Association adjourned, to meet again at eight o'clock in the evening, to listen to President Dr. Lyman Beecher



Todd's Address. Dr. Todd is a pleasing speaker, and he held the rapt attention of his audience from beginning to close, portraying in his interesting manner the teachings of a quarter century's retrospect in medicine.

On Wednesday morning, after the transaction of the irregular business of the meeting, Dr. Holland, of Louisville, was the first to respond to the call of the president, which he did by reading a paper on the subject of Chronic Poisoning by the Use of Cosmetics. Dr. Holland called attention to the fact that there are certain vague symptoms, such as headache, vertigo, constipation, and recurrent attacks of colic affecting individuals exposed to the action of lead, and which ought to be better understood by practitioners, and which would, when they received more attention, direct the mind in the right channel long before the more marked and characteristic signs of wrist-drop and lead-line were manifested. He enforced his views by the recital of a case which had baffled the skill of practitioners until the occurrence of these symptoms. Two years before the patient came under observation she began the use of flake white, since which time her history formed an interesting sketch of vertigo, headache, constipation, and recurrent attacks of colic, until a short time since she suffered an attack of melancholic mania, which lasted a month. The characteristic signs of lead-poisoning were developed abruptly, and were manifested by double wrist-drop along with the characteristic blue line of the gums. Previous to this she had been entirely ignorant as to the cause of her condition. Her sister, who began the use of the same preparation at the same time, had lately been compelled to forego her labor as a seamstress on account of failing strength in the arms. She had suffered from the lead-gout, as it is called, and about a year previous to coming under observation had had an attack of what was supposed at the time to be an epileptic convulsion. Dr. Holland emphasized the points which it was the object of the paper to bring before the profession; first, that lead may be introduced into the system by absorption when applied to the skin in the form of beautifying powders, enamel lotions, and hair-restorers; and secondly, that the most beautifying cosmetics contain lead, although the best-known proprietary preparations were made of bismuth, zinc, or lime salts. No cosmetic should be used unless it bore a certificate from an analyst of freedom from lead compounds.

Dr. Wathen corroborated the statements of Dr. Holland by relating a similar case.

The next paper was presented by Dr. A. M. Vance, of Louisville, upon an improved form of jacket for the treatment of antero-posterior and lateral curvature of the spine. Dr. Vance had previously brought this apparatus before the society at a meeting held in 1878. He now presented it for the purpose of calling renewed attention to it and to detail several cases treated with it. The cases detailed all resulted successfully. The apparatus is constructed by combining paper, glue, and steel stays, so arranged as to permit the dressing to be removed and reapplied. This constitutes one of the advantages claimed for it over the plaster jacket. It is lighter, it does not become brittle and unfit for use, is pervious, and, it is claimed, can be constructed in an hour and a

half, and made for the small sum of one dollar and a quarter, and that the materials for its construction can be had in any neighborhood.

Dr. W. W. Dawson, of Cincinnati, spoke at some length upon the subject of dressings, and in the course of his remarks expressed the opinion that while he had no doubt the future would give us the ideal dressing for these cases, it had not yet been invented. The elastic quality to permit of motion, along with an unyielding support to the body, are two things difficult to combine. He expressed himself as having been satisfied, in the treatment of Pott's disease, if he could arrest the disease at the stage presented when the case comes under treatment, without making an attempt to reduce deformities already existing.

Dr. D. W. Yandell spoke at some length upon the subject, and while he recognized the value of such a splint, and frequently used it in cases of fractures, he too thought that the perfect dressing for Pott's disease remains uninvented. He agreed with Dr. Dawson with reference to the results to be accomplished by any dressing, both expressing the conviction that procedures to correct existing deformities are not unattended by danger.

Dr. M. T. Scott, of Lexington, having been appointed to read a paper on Diagnosis of Diseases of the Chest, related, to illustrate the difficulties of this particular branch of medical art, a case of aneurism of the thoracic aorta. The patient was a brick-mason, forty-seven years of age, presenting a specific history, and had been ailing for about twelve or fifteen months, complaining of indefinite symptoms of distress relating to the thoracic and abdominal organs. His principal complaint was of dyspnea, which was not increased by physical exertion, and apparently not excessive at any time. Physical signs of aneurism were wanting, and all that this examination revealed was emphysema, which was slight and comparatively unimportant as a factor in the case. He complained of pain beneath the left scapula and between it and the spinal column. This was nocturnal in its manifestations, and of a dull, boring, neuralgic character. The patient died suddenly in a paroxysm of coughing. The autopsy revealed an aneurism, about the size of a large orange, situated at the upper extremity of the thoracic aorta. It consisted in a dilatation of all the coats of the vessel, and the normal caliber of the vessel continued quite up to the proximal as well as the distal extremity of the sac. The boring pain between the spinal column and left scapula was accounted for by the fact that the fourth, fifth, sixth, and seventh dorsal vertebrae were eroded from the constant pressure exerted upon them.

After citing statistics as to the relative frequency of aneurism in the various portions of the aorta, the reader presented a variety of conditions that may exist in the thoracic cavity affecting the caliber of intra-thoracic vessels in such a way as to lead to numerous bruit and other physical signs of like character, leading to the suspicion of aneurism, and rendering any diagnosis based upon physical signs uncertain.

The subject was well presented, and the author of the paper reached the conclusion that after all it is upon the indirect symptoms we must rely; in other words, that the sequential phenomena are of more importance in the diagnosis than the physical signs are reliable.



Dr. John D. Neet, of Versailles, next presented for the consideration of the society, the report of an interesting case of pyothorax. The case occurred in the person of an individual free from any tuberculous history, and particular stress was laid on the fact that it supervened upon an attack of diphtheria. The subject of the disease was thought to have tuberculosis by his attending physicians, and was sent to Colorado, where his condition, instead of improving, grew worse, compelling him to return to his home. There was apparent upon the chest-wall a tumor of small size, which increased and decreased synchronously with the inspiratory and expiratory act, and this after having existed for a long time became tender in one spot, inflamed, and broke down, when a discharge of pus began from the thoracic cavity, which continued till the patient's death. This opening was supplemented by others, which increased in size, and finally the patient died seemingly from exhaustion from the constant drain of pus. The temperature remained normal throughout the entire history of the disease. The patient had a good appetite and a good digestion, but at the time of his death was reduced to a mere skeleton.

In discussing the case, Dr. Whittaker, of Cincinnati, inclined to the belief that despite the absence of a tuberculous history, the case was one of that class known as *empyema necessitatis*. He called attention to the fact that tuberculosis is primarily a blood disorder, and as such, more frequently acquired than inherited, he therefore attached no importance to the absence of a tuberculous history. He accounted for the condition of the patient prior to the destruction of the chest-wall, on the ground that pus had not yet been formed; he emphasized the point that pus is produced by the white-blood corpuscle, but before it formed pus it must undergo a process of death. It would be impossible to follow Dr. Whittaker throughout, but with that skill characteristic of the man, he explained away the obscure points in the case, and reduced it to its proper position, as one of those cases presenting peculiar symptoms and following an independent course, yet dependent for its existence upon a common underlying condition.

Dr. J. M. Harwood, of Shelbyville, opened the afternoon session with a paper on the Therapeutic Uses of Quinine. He thinks that in cases of remittent or intermittent fever in which the apyrexia is short, that the administration of twenty grains of quinine per day will produce a rise in the temperature which is often ascribed to a relapse of the disease by persons misapprehending or ignorant of the action of the drug. His paper was short, and was mostly given to the support and elaboration of his idea.

Dr. R. M. Dunlap, of Danville, next read on the subject of the epidemic and contagious diseases of the State within the past year. From Dr. Dunlap's report, it would appear that beyond the measles and a few cases of scarlet fever, no significant number of cases of epidemic and contagious diseases have occurred.

Dr. Edward Alcorn, of Hustonville, read a paper on the subject of Uterine Subinvolution, its pathology and treatment.

Dr. L. S. McMurtry, of Danville, read an interesting article upon the subject and treatment of

Typhoid Fever; rather, it were better to say on the treatment of the complications or untoward symptoms of this disease.

Dr. W. O. Roberts, of Louisville, reported a successful case of ovariectomy, exhibiting the specimen. The operation was performed under strictly antiseptic precautions, and beyond morphia as an anodyne had no after-treatment, the woman being entirely well two weeks after the operation. A singular feature of the case was the absence of any rise of temperature following the operation.

In the absence of Dr. M. F. Coomes, of Louisville, his report was read, and it consisted in a description of an instrument which might be called an audiometer. This is a modification, or rather an improvement upon the instrument presented to the society last year at Lexington by the same gentleman. It is claimed that by its use, malingerers can be at once detected; that by a system of gradation of intensity of the sounds produced, any change in the acuteness of hearing from time to time can be accurately recorded, and that the acuteness of hearing for different sounds can be measured, the variations passing from musical tones to ordinary conversation.

Dr. W. H. Wathen, of Louisville, made a verbal report on the subject of urethral examinations in the female. After referring to the difficulties as recognized by Emmet in this department of gynecology, Dr. Wathen suggested the necessity of improved means for accomplishing the examination. He thinks the examination may be much facilitated by a proper use of a modified form of dilating forceps when properly manipulated.

Dr. John J. Speed, secretary of the Board of Health of Kentucky, read an exhaustive report on the subject of sanitary measures, from which it appears that some improvement has been made in the sanitary condition of the State, and that the prospect for continued progress is good. Advancement has been made by placing in the hands of every doctor in the State a blank-book for returns of marriages, births, and deaths. They have secured a list of twenty-five hundred names of physicians along with the address of each. Copies of the last report of the Board of Health have been sent to every publication in the State. They have called the attention of physicians to the necessity of coöperation in order to secure any satisfactory result, and have appointed delegates to attend the Mississippi Valley Sanitary Association at Evansville, Ind., on the 20th of this month. The next meeting of the board, it appears, will be held at Hopkinsville on July 1, 1881.

The following officers were recommended by the committee to the society, and were declared elected:

*President*—Dr. J. W. Holland, of Louisville.

*Senior Vice-president*—Dr. C. Mann, of Nicholasville.

*Junior Vice-president*—Dr. C. H. Thomas, of Covington.

*Recording Secretary*—Dr. L. S. McMurtry, of Danville.

*Assistant Secretary*—Dr. H. Brown, of Hustonville.

*Corresponding Secretary*—Dr. S. M. Letcher, of Richmond.

*Treasurer*—Dr. J. D. Neet, of Versailles.

All in all, the Twenty-sixth Annual Meeting has been one of the most important in the history



of the Association. An unprecedented harmony prevailed, and the character of the work accomplished is an honor to a State that always in matters of medicine ranks with the foremost in the Union.

Formulary.

FUMIGATING PASTILLES FOR ASTHMA, PHTHISIS, AND OTHER AFFECTIONS OF THE RESPIRATORY ORGANS.

Pastilles of Iodine :

- Iodine ..... 77 parts;
- Marshmallow, powdered..... 600 “
- Nitrate potassium..... 525 “

Triturate the iodine with a fluid dram of alcohol until finely divided; add the niter and marshmallow, previously mixed, and make an intimate mixture of all. Then make a stiff paste by the addition of a sufficient quantity of water, and form into cones that each shall contain about five grains of iodine, and dry with a gentle heat.

Iodine and sulphur pastilles may be prepared in the same manner.

Pastille Cinnabar :

- Marshmallow, powdered..... 600 parts;
- Nitrate potassium..... 600 “
- Mercuric sulphide..... 300 “

Manipulate as before, using water instead of alcohol for triturating the cinnabar. The pastilles should contain about one hundred and fifty parts of the dry components.

Stramonium Pastilles :

- Stramonium leaves, powdered, 600 parts;
- Nitrate potassium..... 600 “
- Marshmallow ..... 150 “

Make with sufficient water a paste of the marshmallow, and incorporate the other ingredients, and divide as before.

Belladonna and digitalis pastilles are prepared in the same way.

Tar Pastilles :

- Purified tar ..... 450 parts;
- Nitrate potassium..... 525 “
- Marshmallow, powdered..... 525 “

Mix and divide as before, omitting the use of water.

Tolu pastilles are prepared in the same way, using a warm mortar to soften the balsam.

Opium Pastilles :

- Marshmallow, powdered..... 600 parts;
- Nitrate potassium..... 600 “
- Opium, powdered..... 39 “

Make a paste of the marshmallow with water, add the other ingredients, and divide as before.—*The Druggist.*

CHLOROFORM INCOMPATIBLE WITH ETHYLATE OF SODIUM.

Dr. B. W. Richardson has been further experimenting on the use of ethylate of sodium, and finds it can be used with remarkable success in the treatment of nasal polypus, tattoo, and mother-marks,

warts, and other cases. One point in connection with his remarks has a practical interest to dispensers. He states that chloroform must never be added to it to ease pain, as it may cause an explosion of some violence. If any anodyne be used it should be an alcoholic solution of opium. He remarks also that other alcohols, such as amylic, butylic, etc. yield corresponding compounds when treated with potassium or sodium, and that potassium ethylate is a much keener caustic than the sodium preparation.—*Druggists Circular.*

Pharmaceutical.

PEPSIN, pancreatin, vegetable ptyalin, or diastase, lactic acid, and hydrochloric acid with milk sugar—such are the component parts of lactopeptine. Surely the physiologist must contemplate a formula like this, with satisfaction; for it embraces the most important of his discoveries relative to digestion, and shows how the fruits of his researches may be made to do good service in the department of practical therapeutics.

This is the age of physiological medicine, and the New York Pharmacal Association has certainly proved its ability to meet the requirements of the time by bringing lactopeptine before the profession. The name of its manufacturers is sufficient warrant for the purity of this preparation, while its worth as a medicine in the treatment of dyspepsia is attested by practitioners of well-known ability.

Miscellany.

DR. RICHARD O. COWLING, aged forty-two, Professor of Surgery in the Medical Department of the University of Louisville, and editor of the LOUISVILLE MEDICAL NEWS, died of endocarditis Saturday, April 2, 1881.

These few words which we clip (*Cincinnati Lancet and Clinic*) from the obituary column of one of our daily papers will carry sorrow to every one who knew Dr. Cowling, in degree exactly proportionate to the intimacy of their acquaintance. We leave to his colleagues the melancholy task of telling the story of his professional life in which he achieved such early fame, and to his more immediate friends the privilege of putting upon record his worth as a man. It is our mournful duty to bear testimony to his ability as the editor of a medical journal.

In this respect Dr. Cowling had talents of the very highest order. It has often been



said that the genius of the editor is as fully shown by the character of his selections, as by the work of his own pen, and for the judiciousness and opportuneness of its clinical notes the MEDICAL NEWS has had during the control of it by Dr. Cowling no superior in our land. The journal itself was necessarily small, but its matter was always exceedingly choice and fit.

But it was in the proper field of editor, upon the editorial page, that Dr. Cowling made his paper stand out in light. Whatever was solid and true he so lit it up with a flash of his own fire as to make it fairly shine; and whatever was hollow, pretentious, and false he showed it up, too, in all its ugly color and shape.

Dr. Cowling was a manly, fearless, upright fellow, loved by little children on the streets, and followed about by dogs, all of whom knew his cheery call. And it was these elements in his personal character that made his paper sparkle with humor and satire.

He had a high and just conception of the duties and responsibilities of a medical editor, and he had a keen ambition to distinguish himself in the journalistic field. He had meted out to him in full measure the gratification of his ambition, and he died in the full flush of success.

What is there more? We may perhaps make his fame a little more widely known, but nothing that we may say will make an epitaph to shine brighter or stand longer than that which was graven and set by the work of his own hands.

**A DESERVED COMPLIMENT.**—Kentucky State Medical Society closed its Twenty-sixth Annual Session yesterday in Covington with a record behind it of good honest work all the way through. There was less disproportion between business and banqueting than is usually the case, and there was no disturbing ethics or other distraction of any kind. Altogether the convention was a model, and in the dispatch of its proper affairs reflected great credit upon its president, Dr. L. Beecher Todd, of Lexington.—*Cincinnati Lancet and Clinic*.

**THE Londoners** will soon be able to enjoy the luxury of real sea-baths at home. A project has been brought before Parliament, looking to the supply of the city with sea-water. The water is to be taken from English Channel at Lansing, and after being pumped to a sufficient height, allowed to graviate toward London.

**HOW SHALL THE DOCTOR GET MORE MONEY** is a question just now being agitated in medical journals. There are four ways of getting more money, viz. by stealing it, borrowing it, earning it, and marrying it. The code of ethics, Mosaic and medical, cuts off the first; various accidents, personal, geographical, etc. generally prevent the application of the last method; plan number three has long proved a failure. We advise the medical man who wants more money, therefore, by all means to borrow it, and pay up by treating the creditor.—*Medical Record*.

**AMERICAN PORK.**—A large consignment of pork from New York has been seized at Lyons, and its sale for human consumption interdicted, on account of the presence in the meat of trichina spiralis (British Med. Journal). Microscopical examination of fifty samples, taken from different casks, resulted in the discovery of encysted trichinæ in three; a proportion that, supposing the samples to be representative of the whole consignment, would represent no less than six per cent of the pieces as infected by the parasite.

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## Selections.

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**Juglans Nigra (Black Walnut) a Remedy for Diphtheria.**—Dr. C. R. S. Curtis (Boston Med. and Surg. Journal) claims to have used the above remedy in the treatment of diphtheria with most satisfactory results. The medicine was suggested to him by a passage in one of Nélaton's works, in which the author speaks of walnut leaves, probably those of the *Juglans regia*, as having been used with good effect in the treatment of malignant pustule. From this he was led to believe that the leaves possessed antizymotic properties. Dr. Curtis says:

This suggestion made quite an impression on my mind at the time on account of its extreme simplicity, yet as it in reality was not more simple than the discovery of the potency of cinchona bark in the treatment of malarial diseases, and as it was deemed worthy of notice by so distinguished a surgeon as Nélaton, I believed it deserving of serious consideration.

Happening a short time afterward to have a bad case of diphtheria on hand, in a boy about seventeen years of age, that was not improving under the usual plan of treatment, it occurred to me that these same leaves of walnut, that had been found beneficial in the treatment of malignant pustule in France, might prove of some service in the treatment of diphtheria, and certainly a trial of them could do no harm. Accordingly, on my next visit, not being supplied with *Juglans regia*, I ordered the parents to obtain a good supply of the leaves of the black walnut (*Juglans*



*nigra*), and to make a strong decoction of them, and use it as a gargle in their son's case, alternating with the other washes and local remedies. This was done. On my visit the next morning I was agreeably surprised to find my patient much improved. The treatment was continued, and at the end of about a week he was well enough to dismiss. How far his recovery was due to the use of the decoction of walnut leaves was a matter of great doubt, and I thought little more about it for some time.

A few weeks afterward I was called to treat a case of diphtheria a short distance in the country. The patient was a girl about eleven years of age. The symptoms at first were somewhat obscure, as they had been preceded for several weeks by a persistent catarrh. About the second day of my attendance, however, the peculiar diphtheritic membrane became manifest on the tonsils and palate, accompanied by the other symptoms of this distressing disease. The usual remedies were resorted to until the morning of the third day without any perceptible improvement. The patient in fact seeming to be worse from day to day, I then bethought me of my apparent success with the decoction of walnut leaves in the previous case, and ordered the parents to procure and use them in the same manner. I was again agreeably surprised the next day to find my patient better. The treatment was persisted in, and by the end of ten days her convalescence had progressed so far that she required my attendance no longer. During the progress of this case an older sister was taken with diphtheria in its initial form, complaining of pains and difficulty in swallowing, and on examination the peculiar ash-colored deposit was observed on the tonsils. My usual treatment was adopted, and in addition the decoction of walnut leaves was ordered to be used freely, and as there was considerable thickening and edema of the neck and parotid glands I ordered a poultice of the walnut leaves to be applied over the neck and glands. Our success in this case was even more signal than in either of the previous ones, and in a few days she was apparently as well as ever. The ash-colored spots had disappeared. The edema was gone. The feeling of malaise and all signs of fever had subsided.

One of the greatest difficulties heretofore encountered by physicians in local treatment of diphtheria has been the painful and distasteful qualities of the applications. I found after once trying the decoction of walnut leaves, even when made stronger by the addition of the hulls of the green walnuts, my patients were willing to continue its use, and made no complaint either of the decoction being painful or of its having an especially disagreeable taste, and nurses found little difficulty in swabbing out the throats of young children with it.

After the above related experience I felt more confidence in it as a remedy, and resolved to use it in all my cases. I have now tried it on about thirty patients, gradually depending more and more upon the decoction as a local remedy and less on other local applications. I have used it as a gargle, as a poultice, in the form of spray with a steam atomizer, and in children too young to use it as a gargle I have directed the nurses to swab out the throat often with the strong decoction. In the worst cases I have added at times portions of the green walnut hulls to the leaves to make the decoction still stronger, with apparently good results; and in one or two instances the remedy has been administered internally with seeming advantage. Since beginning this treatment

I have used it in all my cases of diphtheria, amounting to about thirty, and *all have recovered*. I can not but feel that such satisfactory results must be in a great measure due to the free use of the decoction of walnut leaves.

**The influence of smoking upon post-nasal catarrh**, or chronic pharyngitis, is discussed at length in a recent brochure by Dr. Turnbull, of Philadelphia. The following extracts give his views: "While we have mentioned the abuse of tobacco as a cause of post-nasal and middle-ear disease, we wish to be thoroughly understood upon this important subject. When suspecting the abuse of tobacco we question our patients closely concerning the methods of using the same, and impose restrictions. We are of the opinion that its sudden withdrawal tends in many cases to do as much harm as good. Dyspepsia and its accompanying train of evils invariably follow the withdrawal of such a salivary stimulant, especially in persons past middle age." Except in the case of young persons the author had never seen the moderate use of good cigars do any harm. On the contrary, especially in persons of sedentary habits, it has done good. He does not desire especially to place himself upon record as advocating the use of tobacco, yet he states that he considers one good cigar, smoked immediately after each meal, and without a holder, provided there be no expectoration caused, and the smoker avoid draughts of air, and sit quietly in or out of doors, as entirely innocuous and usually beneficial; but he invariably advises smokers who must expectorate to give up the habit at once. Smoking while walking, driving, or sitting in a draught causes expectoration and is injurious. So also are pipes, cigar- and cigarette-holders which become rank, cause expectoration, hawking, or the swallowing of more or less tobacco juice.

All the cases of tubal or tympanal disease which he had attributed to the use of tobacco had their origin in chronic post-nasal and pharyngeal inflammation, in persons who expectorated while smoking, or who used bad cigars, or who smoked while walking or driving. In such cases he does not absolutely prohibit smoking, but permits its moderate continuance under the conditions above referred to.—*Cin. Lancet and Clinic*.

**Gelseminum in Facial Neuralgia**.—Suffering severely from facial neuralgia last night, I took a dose (ten minims) of the fluid extract of gelseminum, U. S. P. In half an hour, being very little better, I took another dose of the same strength. In fifteen minutes after the second dose I was so drowsy that I could scarcely keep awake. There was great pain over the frontal region; no neuralgia (George H. H. De Wolfe, in *British Med. Journal*). The pulse was weak and intermittent. I had cold shivering and dizziness. The pupils were slightly contracted and there was a general feeling of collapse. I took a cup of very strong tea, and in five minutes was very sick, vomiting freely, but not feeling any better. I had then given to me a glass of strong brandy and water, which was repeated in half an hour. In two hours I was right again. The neuralgia has not reappeared. This may be of use to those who use the drug for neuralgia. I have frequently used it for others in smaller doses (four to six minims), but never gave such a large dose to begin with. I have found it very valuable in neuralgia of the face, even when due to bad teeth.



# AL NEWS.

*"NEC TENUI PENNA."*

No. 17.

H. A. COTTELL, M.D., . . . Managing Editor.

of the progressive tendencies of the Kentucky Society that we may reasonably look for those of sister States to follow our example in founding essay funds for encouraging research.

Will the medical schools of Nashville help make up a set by joining those of Louisville in the latest figure invented by the dancing-masters of the convention of colleges? *Choose your partners!*

WHEN it became known that the delegates to the International Sanitary Conference at Washington were not granted discretionary powers for quarantine regulations by their several governments, the conviction gained upon its warmest advocates that it would adjourn without helping humanity



any more than by the educational effect of agitating the great questions involved. Its session just closed has exceeded expectation by setting on foot measures to extend the knowledge of yellow fever, its causes, mode of propagation, and cure. Twenty-two international ports have been chosen as suitable points for observation. They have agreed to station two physicians for this purpose at each of these ports—at New Orleans, Galveston, Vera Cruz, Panama, Maracaybo, and at other points in the West Indies, South America, and Africa.

Whole libraries have been written in description of the phenomena of this disease, and speculations without number have been elaborately thought out concerning its cause. If it be an entity even we know not, so cunningly has it eluded observation. Perchance this quest of the confederated nations may yet pluck out the heart of the mystery.

It is a growing belief that the specific entity will turn out to be one of those infinitely little foxes, yclept germs, which are more to be feared as spoilers of the human vineyard than the largest beasts of the field.

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THE Sixth Annual Meeting of the Third Congressional District Medical Society of Indiana will be held at Jeffersonville, on Wednesday, May 4, 1881. A large attendance is desired and anticipated. The Society convenes at 9 A.M. and 2 P.M.; popular lecture at 7 P.M.; microscopical entertainment at 8 P.M.

A number of Kentucky doctors will be there. They will not wait on the dilatory bridge commissioners, but proceed at their own sweet will to bind the opposite shores of the Ohio with the hooks of steel called fraternal ties. We send by these a freightage of good wishes.

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A DAILY edition of the Southern Clinic will be issued during the meeting in Richmond of the American Medical Association. This will be for gratuitous distribution.

## Original.

### THE ARMAMENTARIUM OF THE GENERAL PRACTITIONER.

BY WILLARD H. MORSE, M.D.

#### PART III.

##### VI. GRADUATED GLASSES.

As invaluable in the determination of accuracy in prescribing, and as furnishing a standard for any quantitative measure, the graduate should have a place among the medical instruments of the physician's cabinet. There are all sizes, from that with a capacity of forty-eight ounces to the dram-minim glass. The prices vary as to the size of glass, and range from thirty cents to three dollars. The shapes are various, as tubal, conical, wineglass, etc. There is certainly very little choice in selection. Care should be taken to obtain accurate graduation and capacity, clear glass, smooth clean lip or beak, and open, free mouth. We like the wineglass pattern the best, but there is really no advantage to claim for one pattern over another. Although there is a difference in comparison of minims there is none of any practical value between minim glasses.

##### VII. THE VIAL-CASE.

There is nothing difficult in the selection of a vial-case, for although there are numberless cases in the market every physician has an idea of just what he wants. There are offered him all styles, from the little vest-pocket case to the compact buggy-case, and from the plain leather to the Turkey morocco material with gilt clasps. Choice of the intermediate variety is more apt to be pleasing for general use. A case of good material that will carry a reasonable complement of vials, and fit into the vest-pocket, constitutes an ideal of practical value. I favor purchase of those put on the market by Reynders & Co. They are both elegant and durable. Among others of their make I can recommend their No. 1,901, containing twenty-four two-dram vials, made of soft morocco on metallic box (\$3.25); No. 1,867, having twenty four-dram vials, gilt clasps, \$4.50; No. 1,877, with twenty two-and-a-half-dram vials, box style (\$3.50). Three or four dollars will buy of Reynders a case that is first rate in every respect, and though other makers offer good work, yet I can give the name of high reputation to Messrs. Reynders & Co.



## VIII. THE STETHOSCOPE.

To the accurate physician the stethoscope is indispensable, and next to knowing how to use it the most important thing is a perfect instrument. Auscultation as a science is but little more than half a century old, and yet in our hands it lives as a finished science. The ear has received an education such as the eye might envy. The stethoscope, originally a novelty, is now revered as a chief instrument of precision. There are various makes to choose from. The range is from Laennec's cylinder of paper or pithed ashen branch to Edison's beautiful ideal. We have outgrown the one, and the other is only existent in a cloud land. Intermediate are a goodly array of instruments, both simple and bin-aural. I can not attempt any thing more than bare mention of some of the best known.

Of the simple stethoscope we have the cedar tipped with rubber (price seventy-five cents to \$1.50); Clark's (\$1.25), very simply constructed; Walsh's, made of dogwood (price \$1.00); Hawksley's (\$1.25), commendable for lightness; Dobell's (\$1.50), made of ebony; Burrows's (\$2.25), with vulcanite ear-pieces; the elaborate Elliottson's (\$5.00), having an ivory ear-piece, and pleximeter attached; Barclay's (\$1.25), and Stokes's (\$1.00), admirable for construction; Quain's (\$2.00), ingeniously telescoped to any desirable length; the flexible rubber pattern (\$1.00), an approach to the bin-aural; Martin's (\$5.00), combining stethoscope with percussor and pleximeter; the intra-costal, Ferguson's, solid cedar, "screw," and Traub's, all have their virtues. Of all these I prefer Walsh's, but the bin-aural to all others.

Of this latter pattern there are the well-known Cammann's plain or metal (\$4.50); Knight's modified Cammann's (\$7.50), a little more elaborate and complicated; Davis's (\$5.00), acting by a steel spring instead of a rubber band; Allison's (\$6.00), the features of which are two cups instead of one, and remarkably slender tubes. All these are doubtless of a nature to do their work well, but there is another stethoscope that I prefer to any of these. This is Snowden's (price \$3.00). My reasons for the high estimation in which I hold it are these: It is simple, acoustically accurate, and readily adaptable to any position that physician or patient may assume. The bell and spring are perfect. It has soft rubber ear-pads, and the tubes being free from sheathing give the sounds required more perfectly than does any other

instrument. It is cheap, and easily understood—two merits that recommend it to the purchaser. It does all that the more elaborate instrument can do, and I believe it the best manufactured.

## IX. THE SURGEON'S POCKET-CASE.

It may truly be said that of making many pocket-cases there is no end. The surgical-instrument dealer alone knows how many makes there are in the market, and he is privileged to say that much study of pocket-cases is about the most vexing weariness of the flesh that can ever occur in the lot of the medical man. Indeed it is somewhat hazardous for one to attempt to write on, and much more to give advice concerning pocket-cases, for almost every eminent surgeon—and some who are not so eminent—has "invented" one or more. It may be deemed safe to say that there is not a single pattern in existence but what is either recommendable or else has some few or many redeeming features. I confess that the knowledge that every physician has his favorite makes words of advice next to useless. I have used a Gross case, made by Schmidt, of New York, for some years, and although it is not as good as some others, I prize it highly. In fine, I like Gross's \$26 case as well as any that are made. Prices range from \$10 to \$100 and the styles are various. Morocco is the best material and is very attractive with silk velvet lining and silver lock. The instruments contained are virtually *numerous*, and in general opinion that case which possesses the largest number of instruments is esteemed best. Care should be taken to possess good instruments. Briefly individualizing, it may be said that a model case should at least contain one male and female catheter, one caustic holder, one pair of scissors, director and tongue-tie, two probes, one pair of dressing forceps, one double-bladed, sharp-pointed bistoury and scalpel, one double-bladed tenotome and tenaculum, one double-bladed probe-pointed bistoury and gum-lancet, a thumb-lancet, a pair of bull dog forceps, six needles, and silk. If there are other instruments wanted they can be found in many pocket cases, but those just enumerated are really all that are necessary, and such a case is sold for \$20. For my part I prefer double-bladed tortoise-shell instruments, with spring backs rather than slide catches.

To specify particular cases is to be partial, but some of the best that may be named are Gross's (\$26), Hamilton's (\$32), Gay's (\$22), Wood's (\$27.50), Sayre's (\$28.50),



Miner's (\$22.50), Woodward's (\$22), "Mulum in Parvo" (\$19), Reynders's (\$27), French (\$45).

It is a very good idea to have the clinical thermometer in the case, and Stimson's hypodermic syringe finds appropriate place there. Of course if one can afford it, the best way of all is to plan an ideal case, which any instrument-maker will get up. But it will gratify fancy only at the expense of hard-earned dollars.

#### X. THE ETHER INHALER.

Many have strong preferences for the old way of giving ether by the towel-cone or cup and sponge, but there is no denying that a good, regular apparatus may well take the place of the extemporaneous contrivances. We have Leute's (\$3.50), made of brass, with rubber air-cushion, and perfectly cleanly; Squibb's (\$1.50), of muslin, in bag-form; Cheatham's (\$3.50), consisting of a tin cup holding a sponge and connecting by a rubber tube with the ether bottle; George's (\$3.50), made as a cylinder, with sponge-pocket, air-holes, and a flannel sack to keep the ether from evaporating; Morton's (\$5), consisting of a leather cylinder, with inspiration valve, ether chamber, and supply tube; Luer's (\$6), holding sponge on gauge and having two valvular openings; Allis's (\$4), consisting of a barred metallic frame, bandaged and interlaced with a muslin strip. I prefer Allis's, as safe, economical with ether, not causing laryngeal irritation, and admitting of constant administration of ether. Yet I admit that any of the inhalers above named are excellent.

HINSDALE, N. H.

#### PARALYSIS AGITANS.

CLINIC, UNIVERSITY OF LOUISVILLE.

BY J. W. HOLLAND, M.D.

*Professor Diseases of the Nervous System.*

[Reported by J. M. Ray.]

On April 11, 1881, Miss M., aged over fifty years; occupation house-cleaning, presented herself at the clinic and gave the following history:

About a year ago she began to have pain in right arm and hand, disabling her. In a few weeks numbness and cramps succeeded, and for several months the hand and arm have been tremulous and weak. Her family is free from any tendency to disease by inheritance, and nervous disorders have not appeared in others of her generation. At pres-

ent her general health is in all points good. The nervous affection is limited to the right upper extremity. It ceases during sleep, but even when at rest on her knee the fingers and thumb are seen to be in a state of constant and regular, though slight, tremor. She says that when "grieved" the movement is more active, and also after exercising it an exaggeration follows. It can be controlled by effort of the will.

In a case of intermittent contractions of a group of muscles, such as we have before us, we have to determine under which of the following categories to class it: Mercurial tremor, senile trembling, disseminated sclerosis, chorea, or paralysis agitans. As regards the first, it is excluded by the history and the absence of cachexia. Mercurial tremor may be induced by long-continued dosing with mercurials, but generally it is confined to those who work in quicksilver mines, or in making mirrors, or the now obsolete gilding with mercury. In our case there has been no habitual exposure to the mineral, and no salivation. Senile trembling attends an act of the will, and attests an enfeebled state of the nerve-centers, causing an unsteady flow of motor impulses to the muscles of all the limbs and the neck, so that a general agitation occurs. It appears in old age, though an analogous condition may arise in youth from alcoholic excesses. In our case the trembling is limited, the person is in excellent general health, of good habits, and furthermore the tremor was preceded by pains and numbness.

As there are no cerebral symptoms the differentiation of disseminated sclerosis must be confined to the spinal form which may closely resemble the early stage of paralysis agitans. The tremors of sclerosis are rhythmic, but not perfectly regular in the excursions nor in the periods. In the present instance the agitations are fine, rapid, and quite regular, continuing even when the hand lies at rest; whereas if this were sclerosis they would be absent at such times, to return whenever the patient made an effort. She says that she has no difficulty in carrying a cup of coffee to her lips; in sclerosis an attempt to perform this act is usually attended by very uncertain jerks of the arm that may spill the contents of the cup. The erratic character of the movement in the latter condition is more like that of chorea, though less wide of the purpose than in that disease. In chorea the vibrations are not at all rhythmic. A voluntary act like that of carrying a cup to the lips would be at the risk of hurl-



ing the cup from the hand, so wanton is the associated movement. There would be no relation between the line through which the choreic patient intended the hand to go and the zigzag course it would take. In our patient this jerky character is wholly absent.

The diagnosis then must be paralysis agitans in an early stage. The expressive symptoms which make the conclusion inevitable may be further enlarged upon. She is over fifty years of age. Trembling palsy rarely appears before forty. She has had a life of hardship and exposure; this is the usual story. Without any disturbance in her general health, without any affection of the brain—such as vertigo, headache, and confusion of ideas—or of the motors of the eye, the mouth, and neck, such as commonly marks disseminated sclerosis; her malady begins by rheumatic and neuralgic pain, passes into numbness and cramp, and finally falls into trembling and weakness. In many cases this antecedent pain and fatigue are not found, but the tremor insidiously makes its onset. Very rarely it attacks one or more members suddenly, with remissions which ultimately disappear until the disease is regularly established.

Observe the curious fact that while her body is in complete repose, the hand is never still; her thumb and fingers can be seen oscillating as if rolling an imaginary ball. I wish that I could give a clear explanation of this phenomenon to satisfy your natural inquisitiveness. It has been described by some one as an intermittent leaking of nerve energy, changing the normal state of even tension into this one of broken movement, as if a fluid in full continuous stream were by running low to change into a series of disconnected drops.

Occasionally cases at this stage have recovered either spontaneously or as the result of judicious remedies. These are so few, however, that there is a strong probability that the disease in this patient will spread more or less rapidly to the right leg, and then to the left arm and leg, though it may first jump to the left arm or be paraplegic rather than hemiplegic. The cramp from which she sometimes suffers does not usually appear until the later stages, and then is apt to develop into permanent contraction, which may alter the expression of the face and the attitudes of the whole body. Some subjects in the advanced form will walk in an extraordinary fashion, starting off suddenly on a run, and maintaining this gait till stopped by force or by falling. It is only after some

years that the last stage must be looked for. Locomotion is then so difficult that the patient is bedridden. There is general enfeeblement of mind and body, and bedsores are succeeded by exhaustion and death.

You would like to know the nature and seat of the lesion, but as yet there has been found no constant anatomical mischief peculiar to this affection.

Treatment is not all satisfactory. Under no treatment is there much hope of a cure, though it is probable that the onward progress may be made slower by the proper remedies. As I observed before, some cases seen in the first stage do recover, so the prospect is not wholly dark. A tonic course is usually given, such as quinine, iron, arsenic, and strychnine, either in combination or separately. The antispasmodics have not proved of permanent use, though Charcot advocates hyoscyamus as a palliative. Momentary cold baths to the spine have been of benefit. I have had under my charge for some six years an intelligent physician, in the interior of this State, in whom this disease appeared in its typical form. We found strychnia a help at first; it was used with galvanism. As the disease progressed notwithstanding, these were left off and he ran the entire gamut of phosphorus, zinc, iron, silver, and arsenic, then belladonna and ergot, but finally returned to strychnia, and has now for several years taken no other remedy. A granule of one sixtieth grain, thrice daily, is necessary to keep him at his best.

This woman shall have strychnia (one sixtieth grain) with rest; and after testing the action of these we may resort to galvanism applied to cervical spine. It is important that all strain and exposure shall be hereafter avoided, and hygienic rules, such as we usually frame for chronic invalids, be strictly carried out.

LOUISVILLE.

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**TROUBLE AMONG THE DOCTORS.**—Dr. Quain has been called upon to defend himself before the College of Physicians for consulting with Dr. Kidd, who is an eclectic practitioner. Dr. Quain explained that before seeing Lord Beaconsfield he received a letter from Dr. Kidd saying that he was not treating the case homeopathically, and that every direction and prescription of Dr. Quain's would be faithfully carried out. From the letter of Dr. Kidd to the medical journals it appears Sir Wm. Jenner absolutely refused the consultation prior to the summoning of Dr. Q.



## Medical Societies.

### KENTUCKY STATE MEDICAL SOCIETY.

[CONTINUED.]

The Twenty-sixth Annual Meeting of this Society, held at Covington, beginning on the 5th day of April, 1881, transacted miscellaneous business of importance, as will be seen below.

#### IMPROVED CONSTITUTION AND BY-LAWS.

Dr. Letcher, of Henderson, chairman of the Committee on an Improved Constitution and By-laws, stated that after carefully examining the constitutions and by-laws of the different States, from Massachusetts to Alabama, as a result of his investigations, had largely drawn the suggestions he had to make from the constitution of the Medical Association of the State of Tennessee. The report was read and created considerable discussion.

Dr. Reynolds called the attention of the Society to the fact that the association is not a corporated body, and therefore can not require bond of its officers, as recommended; and he suggested that the committee consider the propriety of changing the time and place of meeting, making the latter central and unchangeable, the former to suit the convenience of doctors in the various portions of the State. He suggested also that since the proceedings were no longer published in pamphlet form, three dollars was more than is necessary for annual dues and thought two dollars would be sufficient. He then moved to refer the report back to the committee for reconsideration of these subjects. The motion was adopted and the report came back, having as its principle changes from the present constitution the following propositions: That aside from permanent and honorary members, there shall be *delegated* members from the local societies—both country and city—one for each five members of each society and one for each fraction over five, these delegated members becoming permanent members so long as they conform to the rules and regulations of the Society. This article also provides that officers of the State Society and chairmen of all committees of reports to present shall be delegates *ex officio*. Provision is also made for a Permanent Recording Secretary. It abolishes the Publication Committee, and hence the publication of the papers read before the Society, and makes it the duty of the Permanent Secretary to have printed and sent to each member of the Society the "minutes" of each annual meeting, together with the reports of the several officers of the Society and the Committee on Finance only. It also provides that none but delegates and permanent members in actual attendance shall be eligible to any of the offices of the Society, or as delegates to the American Medical Association or State societies.

It makes certain rules and regulations in regard to all city and country societies, which shall be auxiliary to the State Society. Provides for the division of the State into twelve censorial districts—a Board of Censors for each district being elected by the State Society, and each county in the State being represented by one physician in the board. The Board of Censors for each district shall examine all laws and regulations of the local societies in their respective districts, decide all cases of appeal from aggrieved members of local societies, decide all questions appertaining to the Code of Ethics, etc. It also provides for the

raising of a "Prize Essay Fund," which shall be devoted to the payment of a prize for the best essay on some designated subject, the decision to be made by a Prize Essay Committee.

The annual dues were reduced from three dollars to two dollars, and it was provided that the surplus after the necessary expenses of the Society's publications were defrayed, should be made to constitute a "Prize Essay Fund." This will be an interesting feature of the meeting at its next session and will no doubt be the means of increasing the effort and adding to the rivalry in the coming conventions. One thousand copies of the by-laws are to be printed separately from the proceedings of the Society. This was deemed proper so that extra copies may be had at the meeting by new members and others who have been so unfortunate as to lose them.

The Chair announced as Committee on Prize Essay the names of Dr. Dudley S. Reynolds and Dr. D. W. Yandell, of Louisville; Dr. H. Skillman, of Lexington; Dr. C. H. Todd, of Owensboro; and Dr. Alex. H. McKee, of Danville.

The provision in the revised constitution relating to the fixing of the time of future meetings was finally settled upon amicable terms and the result now stands that the permanent place of meeting is to be Louisville, at the rooms of the Polytechnic Society of Kentucky, and the time of meeting to be in the future on the second Wednesday in April.

The Nominating Committee is to be appointed by the President at future meetings of the Association, and is to be composed of two representatives from Jefferson and one from each of the other counties in the State represented at the meeting.

## Reviews.

**On the Antagonism between Medicines and between Remedies and Diseases: BEING THE CARTWRIGHT LECTURES FOR THE YEAR 1880.** By ROBERTS BARTHOLOW, M.A., M.D., LL.D., Professor of Materia Medica and General Therapeutics in Jefferson Medical College, etc. New York: D. Appleton & Co. Price, \$1.25.

We are glad to see these lectures in book form. It is a bold attempt to establish a complete system of therapeutics on the doctrine of contraries, and as such must challenge closer attention than is usually given to reports in the medical journals. A strong case is made of the claim that the science of the future will be to a great extent based on physiological research. The author reaches the conclusion that the only rule which we apply in curing disease, so far as any rule is applicable, is the rule or principle of antagonism. In the instance of a poison and its consequences, a direct antidote counterbalances them until nature effects elimination. Antagonism is exerted on disease of particular organs in two modes—by direct antagonism and by similarity. In the first mode the symptoms are opposed by the functional



disturbances of the remedy. In the second though the remedy acts on the same tissue with similar signs, yet the effect is contrary or the disease would be intensified. A proper balance of actions in functional disease results in a cure. Even where there is alteration of structure, if this be removable by physiological processes, again may antagonism restore to health. Treatment is largely symptomatic, though the underlying state must be kept in view.

For a while the opinions of many will be swayed by this captivating system, and some will imagine that here at last is the true way to make of medicine an exact science. When diseases, individuals, and remedies admit each of certain and quantitative statement, then only can that goal be reached. In the meantime we must content the reasoning faculty with "little systems that have their day and cease to be."

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**A Practical Treatise on Diseases of the Skin.**

By LOUIS A. DUHRING, M.D., Professor of Diseases of the Skin in the Hospital of University of Pennsylvania, Dermatologist to the Philadelphia Hospital, Consulting Physician to the Dispensary for Diseases of the Skin, author of Atlas of Skin Diseases, etc., etc. Second edition. Philadelphia: J. B. Lippincott & Co. 1881.

The second edition of this most excellent work contains a large amount of new and valuable matter. It has been thoroughly revised and corrected and is a book of rare excellence. We consider it the best book on dermatology the student can purchase, and the practitioner will find it of invaluable assistance in diagnosis. In the matter of treatment it is quite equal to any dermatology yet published.

L. P. Y.

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**How we Fed the Baby.** By C. E. PAGE, M.D.  
New York: Fowler & Wells.

It not infrequently happens that babies suffer from a too generous dietary; but that it is the rule, as the author of this book asserts, will not be accepted by the majority of those best informed on the subject.

In making his way through a treatise freighted with the one idea of overfeeding, the author is driven hither and yon at the mercy of windy extravagancies.

The gathered wisdom of nurseries and laboratories is as nothing compared to his deductions from experiments made on his own baby. His thought-process is something like this: "I suspect that children are overfed. My child shall be put upon

the minimum required for health. Two or at most three allowances of milk in twenty-four hours are sufficient for her. She is lean but not unhappy; therefore chubbiness is a disease. Her cheeks are not red, but redness is only a congestion denoting a predisposition to fever. When she shows a tendency to get fat I put her on low diet. Indigestions are best remedied by spare feeding or no food at all; therefore my theory concerning healthy children is confirmed in daily practice." At every turn in these wide excursions from his starting-point we are startled by dogmatic assertions such as fanatics delight in.

Sensational salt like this, we fear, will suit the popular taste too well, but we prefer the unflavored experience of our grandmother.

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**A Treatise on the Materia Medica and Therapeutics of the Skin** (LIBRARY OF STANDARD MEDICAL AUTHORS). By HENRY G. PIFFARD, A.M., M.D., Professor of Dermatology in Medical Department, University of New York. New York: Wm. Wood & Co.

In its way this book is a curiosity. It exhibits remarkable research in the special field, and surprises one with the mass of matter concerning one part of the body that libraries can accumulate in this day of cheap printing. If this is a "talking age," no one can deny that it is also a printing one. One can not decide among the many observers quoted in whom to put faith, and the author in most cases prints the testimony without comment.

It is good for the specialist trained to a point of critical acumen to have this prodigious collection. He can detect the chaff, but plain doctors are prone to ask for some discrimination in making selections. Let the facts be put to record, however, though long may be the time before their utility shall appear. This is said apropos of the division of the Materia Medica which makes up one third of the book. There are many notes of value and some so new as to tempt us to apply the scissors and paste-pot to them. The therapeutic division is even better for every day use, as it gives a brief synopsis of the disease before discussing the remedies. This will make it more satisfactory to a large class of subscribers to the series who have in view the getting up of a directly useful library for daily reference. It advocates a judicious combination of internal with local treatment, in an easy style that makes pleasant reading.



## Books and Pamphlets.

FIRST BIENNIAL REPORT OF THE NORTH CAROLINA BOARD OF HEALTH, 1879-80. Raleigh: News and Observer, State Printers and Binders. 1881.

THE ONE HUNDRED AND TENTH ANNUAL REPORT OF THE STATE OF THE NEW YORK HOSPITAL AND BLOOMINGDALE ASYLUM FOR THE YEAR 1880.

ANNUAL REPORT OF THE BOARD OF HEALTH OF THE STATE OF LOUISIANA TO THE GENERAL ASSEMBLY FOR THE YEAR 1880. New Orleans: J. S. Rivers, 74 Camp Street. 1881.

ANNUAL REVIEW OF THE DRUG TRADE OF NEW YORK FOR THE YEAR 1880. Prepared by D. C. Robbins, Esq., for the Twenty-third Annual Report of the Chamber of Commerce of the State of New York.

CLINICAL NOTES ILLUSTRATIVE OF CONSCIOUSNESS IN EPILEPSIA. By C. H. Hughes, M.D., of St. Louis, Mo. Reprint from the *Alienist and Neurologist*, St. Louis, April, 1881.

A STUDY OF TRANSVERSE FRACTURE OF THE PATELLA. By H. Augustus Wilson, M.D., Lecturer on Fracture Dressings and Microscopical Anatomy in Philadelphia School of Anatomy, etc.

MANUAL OF THE PHYSICAL DIAGNOSIS OF THE DISEASES OF THE HEART, INCLUDING THE USE OF THE SPHYGMOGRAPH AND THE CARDIOGRAPH. By Arthur Ernest Sansum, M.D., London, F.R.C.P., etc. etc. Third edition. Philadelphia: Presley Blakiston. 1881. Price, \$2.

LECTURES ON THE DISEASES OF THE NERVOUS SYSTEM, ESPECIALLY IN WOMEN. By S. Weir Mitchell, M.D., Member National Academy of Sciences. Physician to Orthopedic Hospital, etc. With five plates. Phila.: Henry C. Lea's Son & Co. 1881. Price, \$1.75.

THE MANAGEMENT OF THE PERINEUM DURING LABOR AND THE IMMEDIATE TREATMENT OF LACERATIONS, AND THE OBSTETRICS AND GYNECOLOGY OF WILLIAM HARVEY. By Francis H. Stuart, A.M., M.D., Lecturer on Clinical Obstetrics, Long Island College Hospital. Brooklyn, N. Y.

A TREATISE ON BRIGHT'S DISEASE AND DIABETES, WITH ESPECIAL REFERENCE TO PATHOLOGY AND THERAPEUTICS. By James Tyson, A.M., M.D., Professor of General Pathology and Morbid Anatomy, University of Pennsylvania, etc. With illustrations, including a section on Retinitis in Bright's disease, by Wm. F. Norris, A.M., M.D., Clinical Professor of Ophthalmology, University of Pennsylvania. Phila.: Lindsay & Blakiston. 1881.

A STATISTICAL REPORT OF TWO HUNDRED AND FIFTY-TWO CASES OF INEBRIETY TREATED AT THE INEBRIATES' HOME, FT. HAMILTON, L. I., from November 1, 1879, to September 10, 1880. Read before the American Association for the Cure of Inebriates, at the annual meeting, October 20, 1880. By L. D. Mason, M.D., Physician to the Inebriates' Home, Ft. Hamilton, L. I.; Surgeon to the Long Island College Hospital, and Lecturer on Surgical Anatomy; Member of the American Association for the Cure of Inebriates; Member of the American Medical Association. Reprint from *Quarterly Journal of Inebriety*, April, 1881.

## Formulary.

### TREATMENT OF COUGH IN BRONCHITIS AND PHTHISIS.

T. Lauder Brunton (Lond. Lancet) thus analyzes the following prescription of Dr. Warburton Begbie:

℞ Liq. morphiae hydrochlorat. }  
Acidi hydrocyanici, dil..... } āā ℥ xvij;  
Chloroformi..... }  
Spiritus chloroformi..... } āā fl. 3 j;  
Acidi nitrici dil..... }  
Glycerinae ..... fl. 3 ij;  
Infus. cascarillae (seu infus  
quassiae)..... fl. 3 ij.

M. A sixth part to be taken three or four times a day.

Here the sedatives—morphia, hydrocyanic acid, and chloroform—tend to lessen the excitability of the respiratory center; the glycerin tends to retain the sedatives in longer contact with the throat, and acts also to some extent as a nutrient, and the nitric acid and bitter are supposed to have a tonic effect on the stomach. In what way this tonic effect is produced we can not at present say; but we will imagine that they will in some way partially counteract the effect of the congestion which the cough produces, and, exciting appetite, will counteract the influence of the morphia. Nitric acid had also, as Dr. Brunton points out, a definite effect upon the secretions of the lungs themselves. Considering those drugs which tend to lessen congestion, Dr. Brunton mentions digitalis, and gives the following prescription from Beasley, as used by Sir A. Crichton:

℞ Succo limonis..... fl. 3 ss;  
Potassii carbonat. ad saturand.  
Decoct. sarsaparillae..... fl. 3 x;  
Tinct. digitalis..... ℥ x ad xxx;  
Mucilag. acaciae..... fl. 3 x.

M. To be taken every sixth hour.

The tincture of digitalis here tends to contract the vessels, diminish pulmonary congestion, and lessen cough. The potash renders the pulmonary secretion more fluid and abundant. Warm food, as beef tea, Dr. Brunton says is a good expectorant, as also is cod-liver oil. Ice, hydrocyanic acid, and alum are recommended in the vomiting of phthisis.—*Canada Lancet*.

### ASTHMA.

Dr. W. W. Van Valzah gives the following suggestions and formula in the treatment of asthma:

If the case is one without assignable cause, it is always well to try such remedies as iron, quinine, arsenic, and iodide of potassium, and other tonic and alterant remedies. Perhaps it is safe to say that no remedies give more uniform satisfaction than iodide of potassium and muriate of ammonia. These agents tend to promote the bronchial secretions, and patients find that as soon as the secretions are increased and expectoration established they are relieved. Hence I give the following combination:

℞ Ammonii chloridi ..... gr. x;  
Potassii iodidi ..... gr. viij;  
Syrupi zingiberis..... } āā fl. 3 j.  
Aqua ..... }

M. Sig. For one dose, to be taken four times a day.—*Medical Bulletin*.



## FOR TREATMENT OF DISEASES OF THE THROAT AND LUNGS.

*Vapor Cajuputi:*

Oil of Cajuput..... 4 parts;  
 Light carbonate of magnesia... 1 "  
 Water, to..... 180 "

*Vapor Calmi Aromatical:*

Oil of calamus aromaticus..... 2 parts;  
 Light carbonate of magnesia... 1 "  
 Water, to..... 180 "

*Vapor Camphoræ:*

Spirit of camphor..... 6 parts;  
 Rectified spirits of wine..... 9 "  
 Water, to..... 24 "

*Vapor Carui:*

Oil of caraway..... 2 parts;  
 Light carbonate of magnesia... 1 "  
 Water, to..... 144 "

*Vapor Juniperi Anglici:*

Oil of juniper..... 2 parts;  
 Light carbonate of magnesia... 1 "  
 Water, to..... 48 "

One teaspoonful of any of these mixtures in the inhaler is a suitable quantity for one inhalation.—*The Druggist.*

## FOR THE ANEMIA OF CHLOROSIS.

The following is very highly recommended by Dr. Thomas, of New York, in the treatment of anemia of chlorosis:

R Ferri vini amari..... ʒ vijss;  
 Tinct. nucis vomicæ..... ʒ iv;  
 Liq. potass. arsenit..... ʒ ij.

M. Sig. A dessertspoonful in a glassful of water after each meal.

In addition to this he advises general tonic treatment and the observance of good hygiene.—*Canada Lancet.*

## TO DISSOLVE SALICYLIC ACID.

Dr. E. R. Squibb, in Gaillard's Med. Journal, says: There is no way known to me whereby salicylic acid can be dissolved in water to any useful strength and kept as free acid. When borax is used a solution of any desired strength may be made. But a double salt is said to be formed, and therefore it is not a solution of the acid. The best plan that I know of getting the effect of the free acid is to take the amount of acid and water desired, and then add bicarbonate of soda until solution is effected. This makes a solution of the acid in a solution of sodium salicylate.

## CYSTITIS.

Dr. A. J. C. Skene, of Brooklyn, gives the following, which he regards as almost specific in cystitis, especially in the earlier stages, affording rapid and lasting relief:

R Acidi benzoici ..... } aa gr. x;  
 Sodii biboratis ..... }  
 Inf. buchu..... ʒ ij.

M. Sig. This quantity to be taken three or four times a day. The diet should also be carefully regulated and the skin and bowels kept in an active condition.—*Canada Lancet.*

## LAXATIVE SUPPOSITORIES.

Soap..... ʒ ij;  
 Dried sulphate of soda ..... ʒ j;  
 Inspissated honey..... q. s.  
 To make twenty suppositories.

Extract of rhubarb..... ʒ ss;  
 Soap..... ʒ ij;  
 Powdered rhubarb ..... q. s.  
 To make three suppositories.

## Pharmaceutical.

QUINIA FROM COAL TAR.—The New York Commercial Bulletin notices a report current in that city that a Liberty-street firm had applied for a patent for a process to manufacture quinia from coal tar. It is stated that the firm has been interested with a chemist to accomplish this result for several years, and that the efforts have been crowned with success. In the "Chemical Notes" published in this journal during the past year the readers have been kept informed of the results obtained by Skraup, Koenigs, Hesse, and others in their endeavor to determine the exact composition of the cinchona alkaloids, which when once known will doubtless lead to their synthetical production. Whether such a result is so near being accomplished as the rumor mentioned above indicates, remains to be seen; but of the importance of the synthetical production of quinia there can be no doubt, when it is remembered that in the year of 1879 two million dollars' worth of cinchona bark was imported, most of which has doubtless been used in the manufacture of this indispensable alkaloid.—*J. M. M., in Amer. Jour. of Pharmacy.*

POISONING BY ERGOT.—Dr. F. M. Leary reports, in New Orleans Med. Journal, a case in which half an ounce of Squibb's fluid extract of ergot was by mistake administered to a lady by her husband, in place of a soporific. The doctor's statement, from which an inference in regard to the greater safety to the patient of physicians as dispensers will suggest itself, is as follows: "While at the house I prepared a soporific and left it with her husband, with directions for its use, and later I discovered that I had forgotten my case vial containing ergot, but being pressed for time, did not return for it. Two hours after leaving I was again summoned to her bedside, to find her pulseless, skin blanched, and the extremities cold. The patient made a rapid recovery, etc." Were the vials labeled?



## Miscellany.

A CASE OF WANDERING LIVER.—The following case is reported by Dr. Hochhalt (*gyogyaszat*): A woman, fifty-five years old, who had in her youth been subject to jaundice, lifted a heavy sack about one year before she came under observation (Medical Record). At the time of that unusual exertion she suddenly experienced a sharp pain in the right hypochondriac region, and fell to the ground in an unconscious condition. Since then she constantly suffered from a feeling of weight, and her right side was occupied by a movable, hard tumor. Her condition has remained unchanged, and, beyond attacks of temporary indigestion and obstinate constipation, she has no morbid symptoms. The diagnosis of movable or floating liver appeared a proper one when the results of the physical examination were taken into consideration. These may be summarized as follows: 1. The liver was not found in its normal position; 2. In the hypogastric region a tumor, corresponding in its shape and dimensions to the liver, was discoverable; 3. This tumor was movable; 4. It could be returned by manipulation and a suitable decubitus of the patient, to the right hypochondrium; 5. The abdominal parietes were abnormally lax and flabby. As regards treatment the patient was merely directed to wear and appropriate abdominal supporter. *Med. chir. Rundschau.*

POISONING BY INADVERTENCE IN FRANCE. A *pharmacien* was prosecuted recently before the Ninth Chamber of the Tribunal of the Seine for having caused the death of a girl by selling powdered oxalic acid in place of powdered Rochelle salt (*Med. Times and Gazette*). He, in defense, stated that he sold what his wholesale druggist had furnished him with, and on whom, therefore, the responsibility ought to rest, seeing that the substances in powder are not distinguishable by the eye or touch. The court disallowed this plea, in the first place, as no proof was offered as to its veracity; and next, supposing it were true, it would not avail the defendant, for every *pharmacien*, by virtue of the monopoly he enjoys, is strictly held to the duty of verifying scrupulously and exactly every medicine which he offers for sale. He was condemned to a month's imprisonment, a fine of one thousand francs, and two thousand francs damages, payable to the father of the girl.—*Progrès Méd.*

## OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE. January 1, 1881, to March 31, 1881:

Bailhache, P. H., Surgeon. Detailed as chairman Board of Examiners. January 4, 1881. To proceed to Barnstable, Boston, and New Bedford, Mass., and Providence, R. I., as inspector. February 1, 1881. To proceed to Wilmington, N. C., as inspector, assume temporary charge of the service, and superintend the reopening of the Marine Hospital at that port. March 12, 1881.

Long, W. H., Surgeon. Detailed as member of Board of Examiners. January 4, 1881.

Fessenden, C. S. D., Surgeon. Detailed as chairman Board of Survey for the physical examination of officers of the Revenue Marine Service. February 8, 1881.

Doering, E. J., Surgeon. Detailed as recorder of Board of Examiners. January 4, 1881.

Gassaway, J. M., Passed Assistant Surgeon. Detailed as recorder of Board of Survey for the physical examination of officers of the Revenue Marine Service. February 8, 1881.

Smith, Henry, Passed Assistant Surgeon. Granted leave of absence for thirty days from March 1, 1881. February 8, 1881. On expiration of leave of absence to proceed to Norfolk, Va., and assume charge of the Service, relieving Surgeon R. D. Murray. March 15, 1881.

Irwin, Fairfax, Assistant Surgeon. When relieved by Assistant Surgeon W. A. Wheeler, to proceed to Wilmington, N. C., and assume charge of the Service, relieving Surgeon P. H. Bailhache.

Guiteras, John, Assistant Surgeon. To proceed to Key West, Fla., and assume charge of the Service, relieving Passed Assistant Surgeon Smith. February 5, 1881.

Wheeler, W. A., Assistant Surgeon. To proceed to Charleston, S. C., and assume charge of the Service, relieving Assistant Surgeon F. Irwin. March 30, 1881.

Benson, J. A., Assistant Surgeon. To proceed to St. Louis, Mo., and report to Surgeon H. W. Sawtelle for duty. February 5, 1881.

Carmichael, D. A., Assistant Surgeon. To proceed to Boston, Mass., and report to Surgeon J. Vansant for duty. February 5, 1881.

Armstrong, S. T., Assistant Surgeon. To proceed to New Orleans, La., and report to Surgeon H. W. Austin for duty. February 5, 1881.

*Appointments.*—The following candidates, having passed the examination required by the regulations, were appointed Assistant Surgeons February 4, 1881: Duncan A. Carmichael, of New York, and Samuel T. Armstrong, of Missouri.

THOSE contemplating a trip to Richmond at the coming meeting of the American Medical Association will be interested in the special offer of the O. & M. R. R. From Louisville to Richmond and return, round trip, \$29.00; good going May 1 and 2, and returning until May 15. From Cincinnati east, choice is allowed between B. & O. R. R. and C. & O. R. R. For particulars inquire at O. & M. ticket office, Fourth and Main.



A SHAM.—A case related by the Chemist and Druggist might, it is possible, find an analogy in America: Drs. Stuart and Davies, of Dowlais, wrote to the *Lancet* in glorification of glacialine as a food preservative, and added that they had proved it to possess remarkable powers as a preventive of and remedy for children's diarrhea (The Druggist). They recommended in cases of diarrhea occurring from sour milk or unripe fruit two to four grains of the glacialine powder, with a little sugar of milk, before food, three or four times daily, preceded by a dose of olive or castor oil. They recommended also, as an ointment (one dram to one ounce ung. cetacei), as a dressing for unhealthy sores, and likewise in watery solution as a gargle as a lotion, or as an injection in many cases. Mr. F. M. Rimmington, Bradford, followed up this communication in the next number of the *Lancet* with a note stating that his analysis had shown glacialine to be pulvis sodæ biboratis, pure and simple.

LONGEVITY OF WOMEN.—The recent European statistical returns of the population of Europe have supplied the statistical department at Vienna with the means of making an interesting study as regards longevity (*Med. Times and Gazette*). It results from this that, of 102,831 individuals who had exceeded the age of ninety years, 60,303 were women and 42,528 men. The greater longevity of women is exhibited also by the greater chances of women attaining or exceeding the hundredth year. Thus in Italy there are found 241 female centenarians for 141 male centenarians, and in Austria 229 women for 183 men. In Austria there are 1,508,359 sexagenarians, or 7.5 per cent of the total population.—*Lyon Méd.*

F. H. STUART thus concludes his able paper on the Obstetrics and Gynecology of the great Harvey: It would be of interest and value to more fully call to mind Harvey's many and valuable contributions to the subjects of obstetrics and gynecology. We find that he was far in advance of his age. Many things that he observed and practiced afterward fell out of mind and use, to be revived in later years, and perhaps to be vaunted as new discoveries.

"For out of the olde feldis, as men saith,  
Comith all this newe corne, fro yere to yere;  
And out of old bokis, in good faith,  
Comith all this newe science that men lere."

—*Proceedings of Med. Society of County of Kings.*

## Selections.

**Treatment of Acute Dysentery.**—Sir Joseph Fayrer, in No. 2 of his Lettsomian Lectures, gives ipecacuanha high praise as a remedy in dysentery, and states some very interesting facts relative to its history, *modus operandi*, and exhibition. He says (*Med. Times and Gazette*):

Ipecacuanha had long been known as a remedy for dysentery; indeed it was called the "*radix anti-dysenterica*," and had been used in India in small doses combined with blue pill, gentian, and other remedies, and no doubt with good results. Its revived use in late years, therefore, can not be regarded as altogether a novelty; it is for establishing the fact of its utility in frequent large doses of the powder that we are indebted to Mr. Docker. As Mr. Justin Macarthy says of Cyrus Field in regard to the Atlantic cable, "It was not he who first thought of doing the thing, but it was he who first made up his mind that it could be done, and showed the world how to do it, and did it in the end!" Ipecacuanha was first brought to Europe in 1658 by Piso, who gave it in doses of infusion of one dram of the powdered root in dysentery. Other physicians followed his example, and the practice was adopted by Friend, Pitcairn, Brockelsby, Boulduc, Balmain, Wentworth and others since. Wentworth indeed gave very large doses—ninety grains combined with opium. Bateman gave it in doses of two drams, but combined with one dram of tr. opii, "and in many cases," says Dr. Ewart, to whose interesting paper on the subject in the *Annals of Medical Science* I refer you, "found that a dose or two was sufficient to remove every dangerous symptom." In 1813 Mr. George Playfair, in Bengal, gave half-dram doses combined with half a dram of tr. opii, and repeated the dose until the stomach became tolerant and the dysentery disappeared. English prescribed one scruple to half a dram, with double this quantity of laudanum. In 1818 "Copland gave eight to ten grains of ipecacuanha with opium, sometimes with calomel or blue pill, with the best results." Mortimer, in Madras, and after him Annesley, Twining, R. Martin, and other Indian medical officers adopted ipecacuanha in small doses as a remedy with which they treated dysentery. But it was not until 1857—Docker's time—that it began to attain the celebrity it still maintains as a remedy to which all others are of secondary importance in treating acute dysentery.

The rationale of its action is explained by Dr. Ewart in nearly the following terms: "In large doses it stops inflammatory action, augments the alvine secretions from esophagus to rectum, increases the flow of bile and pancreatic juice, purges without irritating, lessens peristaltic action, produces rest, restrains tormina and tenesmus, promotes diaphoresis, restores the balance of the portal circulation, is a direct sedative of the cardiac action; acts on the glands of the stomach and duodenum, pancreas, liver, and small intestine, and on the glands of the large intestine."

It is doubtful whether the nausea and emesis it causes are beneficial (I have always felt disposed to think that they are so); at any rate they do not interfere with the action of the ipecacuanha.

"It produces all the benefits that have been ascribed to blood-letting without robbing the system of one drop of blood; all the advantages of mercurial



and other purgatives without their irritating action; all the good results of antimony and other sudorifics without their uncertainty; all the benefits ascribed to opium without irritating if not aggravating or masking the disease."

But as Dr. Ewart also says, "Much remains to be elucidated before the true physiological action of the remedy can be fully understood." For my part I am disposed to believe it is by its general effects rather than by any direct specific action that it proves useful.

The treatment of an attack of ordinary acute dysentery is to be conducted on the following plan: The patient should remain in bed or in the recumbent posture; if there be abdominal pain or tenderness on pressure, hot fomentations or turpentine stupes should be sedulously applied. A dose of twenty or thirty grains of ipecacuanha powder, according to strength, age, etc. should be given to an adult at once in water, and the patient should endeavor to resist vomiting as long as possible, though for my part I am inclined to think the emesis does rather good than harm. It may be well to combine ten grains of carbonate of soda with the ipecacuanha, to neutralize acidity. It is recommended by some to give a dose of fifteen or twenty drops of laudanum before the ipecacuanha, and to apply a sinapism to the epigastrium with the view of diminishing irritability of the stomach and of preventing sickness. He must abstain from all fluids except occasional mouthfuls of iced water or bits of ice to allay thirst, which is often intense. My own plan has generally been to repeat the dose of ipecacuanha in four or six hours, a second or third time according to the effects; and especially if the first dose has been speedily rejected, as it often is. I have generally found that if this treatment be resorted to early in acute dysentery it is most effective, and nothing else is needed. The pain diminishes, the tormina and tenesmus are alleviated, the restlessness is abated, the sense of fullness and desire to go to stool passes away, the skin becomes moist, and in all respects a general sense of relief is experienced. The motions become feculent and assume a peculiar yellow appearance, significant of the action of the remedy. If any irritability should remain, a dose of ten or fifteen grains of Dover's powder is beneficial; it gives ease, sleep, and aids in the restoration of the natural action of the bowels. Small doses of castor oil—half an ounce or less—are given occasionally, and by some considered of importance. No doubt if there be inaction of the bowels after ipecacuanha, or if it be necessary to aid in expelling mucus—for the irregular contraction of tenesmus is not always efficient in this respect—the castor oil is most desirable; or if there be indications of hepatic or portal congestion, sulphate of soda or magnesia would be better.

A certain amount of nourishment should be given, but it must be fluid, and of the most bland and unirritating character—animal broths, milk, and soda-water or lime-water (for milk alone will hardly be tolerated), and arrow-root. Farinaceous food, however, as general rule, does not agree, and it is better to adhere as nearly as possible to broth and milk. In the acute stage at the outset this alone is necessary, and all remedies of an astringent or sedative nature are unnecessary.

**A Peculiar Case.**—Dr. Julio J. Lamadrid, of Brooklyn, N. Y., very kindly sends us an abstract of a peculiar case originally published in *La Union Nacional*. It is that of a brunette female, thirty-seven years of age, who has on the external surface

of her abdomen a tumor resembling the face of a fetus and possessing teeth.

"On the anterior walls of the abdomen, a little to the left of the median line, and one and one half or two centimeters below the navel is seen a semispheric tumor of about eight centimeters in diameter, of a parched appearance and reddish color, which on further examination appears to be part and a continuation of a larger tumor concealed within that cavity, and easily identified to be intimately connected with all textures of the walls of the abdomen. On its surface the following objects are noticed: In the superior maxillary bone are seen two lateral incisors exposed to view, of a regular size, but dark in appearance, due to their carious condition and constant exposure to the air. The right lateral incisor is loose and could be extracted with the least effort, the other however, remains fixed and firm. These two teeth are partly covered by an eminence in the form of a lip of about two centimeters in length, one in width, and forty millimeters in thickness; the latter on being lifted by the fingers, reveals to view the right central incisor; this is smaller and firm to the touch. In addition it also reveals a few fleshy bodies or papillas lightly moistened by a liquid, a little of which examined under a high power microscope, shows to consist of squamous epithelial cells, filaments of fungi, and a granulous substance, the character of which remains undetermined.

"The gum which separates the three teeth is of a natural red color, but there does not exist any vestige of the inferior maxillary bone. Finally the observer in his imagination, and in trying to look for the other parts or organs of the face, can scarcely perceive two dim spots, intended no doubt to represent the position of the eyes, also a slight depression on the right side, and a few lines over the lip indicating perhaps, a place for the right nostril."—*Medical Record*.

#### Causation of the Uniformly Small Pelvis.—

Dr. P. Müller writes upon the frequency and etiology of the uniformly narrow pelvis (*Archiv für Gynäkologie*). He thinks that narrow pelvis are more common than is supposed; that they are thought rare because obstetricians do not systematically measure the pelvis (*Med. Times and Gazette*). Out of 1,177 cases in his clinique in which the pelvis was measured he found the following number of cases of the different pelvic deformities: 1. The flat pelvis ninety-five (simply flat eighty-six, rachitic nine); 2. Generally contracted pelvis eighty-eight, generally contracted simply seventy-one, generally contracted and flat four, generally contracted and rachitic twelve; 3. Osteomalacic, two; 4. Obliquely contracted pelvis two; 5. Funnel-shaped pelvis four. The following are the conclusions as to its etiology to which he has arrived: 1. He believes he has brought forward proof that in his part of the world (Berne) the generally contracted pelvis, which elsewhere is seldom met with, occurs with exceptional frequency. 2. That rickets contributes more to its production than is generally admitted. 3. He is inclined to assert that among the large number of pelvis belonging to this category which are not rachitic, cretinism is a casual condition in not a few, and that it is highly probable that in the Berne district this condition plays a part in the etiology of this kind of pelvic deformity. His last conclusion is a practical one. 4. That in a large majority of these cases the development of the fetus is such that its small size diminishes considerably the risks of labor.



# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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J. W. HOLLAND, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M. D., . . . Managing Editor.

## THE MEDICAL COLLEGE ASSOCIATION.

The chagrin of the Bellevue medical faculty upon retracing their first steps toward higher education must have been equal to that of the heroes of the famous feat of arms celebrated in the nursery-rhyme :

The king of France, with twenty thousand men,  
Marched up a hill, and then marched down again.

They set out with such a flourish of trumpets and boom of advertisements, that to make good their old position the announcement of retreat, and the not very lofty reasons which actuate it, must be spread as far. The situation is so painful that other medical colleges will probably be loath to make the contemplated changes in the curriculum lest they too be put in this sorry predicament; for, notwithstanding the pharisaical assumptions of superior virtue some of us put on, the money-question is of great importance to all, and still has weight in determining our course.

Taking the world as it exists, no great blame can be imputed to them for declining to commit *hari kari* for the sake of ideals. The spectacle has its edifying side to those who believe that the desired reforms can be best obtained by individual action. It is an intimation to the New York schools that any reform which it is safe to make is best made by all the competitors at once, and that their only hope for a lasting scheme of improvement is to have it enforced by the common sanction of the colleges in convention assembled. The American Medical College Association needs them, and they

can not well dispense with it. With like purposes and like pretensions each and all get the strength of union.

It is plain that all the preaching so liberally dealt forth by medical orators has not brought the profession at large to a point of culture that will prompt preceptors and pupils to prefer a three-year school to a two-year one, other things being equal.

The lift we all profess to want will surely come if we pull altogether. It was want of coöperation with others which wrought disaster to Bellevue. This peril can haply be avoided by a consentaneous movement on the part of leading colleges in the Association.

We utter the general voice of the profession and all earnest teachers when we urge upon the members to consider well before they take one step backward. If possible, let them frame a system that will constrain the medical schools to teach by grades each department thoroughly, and allot time to each grade sufficient for the purpose.

It is encouraging to note that one legislature after another takes action upon this matter of medical qualification. There is a general awakening of public men to the importance of protecting society against quacks and half-educated doctors. Let the weak-kneed delegates of the College Association take heart of grace. Before many years the majority of the States will have examining-boards, with rules like those of the Illinois Board of Health.

The Association may survive the present crisis even if it make no decided movement forward. There are influences at work as irresistible as the movement of the tides, which would in time uphold the standard



it shall fix, provided that standard is an honest one, embracing at least a thorough teaching by grades and an extension of the time of attendance.

It is possible that the disposition shown by some of the larger eastern colleges to play the "free lance" may unnerve the poorly-paid but well-meaning western members. Both guerrilla and regular may rest assured that if this attempt of the College Association to elevate our profession come to naught, the boards of State examiners will take matters into their own hands, and put the mark of qualification just high enough to bring shame on the pretensions of the schools, and by ignoring all diplomas decidedly lessen their value as titles to honor and privilege. As a friend to the organization we appeal to it to make a virtue of necessity before the compulsion becomes apparent to all eyes.

THE Louisiana State Board of Health, at a recent meeting, signified their purpose of acting with the National Board of Health in every thing save the stationing of an officer of the latter board at the Mississippi quarantine station, a matter which rests with the governor and not with the State board.

AT the Mississippi Valley Sanitary Council in Evansville, Ind., last week there were present delegates from ten of the Valley States.

The impression seemed to prevail that there was something pig-headed in the attitude of the Louisiana State Board of Health toward the quarantine measures at Eadsport, desired by all the other States vitally concerned.

This board has for many months opposed to the reasonable demands of the National Board and Valley Council, the Cotton Exchange, the Auxiliary Protective Association, the press and leading commercial men of New Orleans, a resistance scarcely less dogged than that of Capt. Jack and his famous Moccasins. The National Board of Health has the

entire confidence of the people of this valley, while no local board is able to command the implicit faith of any one outside of its own community, and it is doubtful if even at home all the bulletins are accepted concerning epidemic and contagious diseases that a wary municipality sees fit to issue. We hope our Louisiana friends will stick to the conciliatory measures they have lately acceded to, and so have a happy issue out of the difficulty.

WE bespeak the earnest attention of our readers for the amendment to the Kentucky law for regulating the practice of medicine, which Dr. Cormack proposed to the State Society. It will be found under the head of transactions on another page.

## Original.

### THE ARMAMENTARIUM OF THE GENERAL PRACTITIONER.

BY WILLARD H. MORSE, M.D.

#### PART III.

#### XI. THE TOURNIQUET.

Two centuries ago M. Morel, in inventing the tourniquet, did for surgical science very much the same thing that Morton did when he discovered anesthesia by ether. In 1680 the instrument which stopped the course of blood in a limb was as highly prized as we now prize the means for privation of sensation. But as Long and Lente and others have modified anesthesia, even so have Petit, Nuck, and every instrument-maker modified the tourniquet. Morel's tourniquet is antiquated. In its place are others better, more economical, and more worthy. We want one in our cabinet, and there are several styles. Petit's (price, \$2) has its advantages, and, as Gross says, "is found in every cutler's shop." Better than it is Tiemann's modification of Petit's (\$2), made so that pressure is concentrated to a certain point and kept there by fixed power.

Gross did the profession a great service in devising the tourniquet which bears his name. It is composed of two clasp-blades united by a screw and provided with pads. It is *comfortable*, readily adaptable, and is



easily applied. The price is \$12. Britton's (\$30 to \$60) is too costly. Charriere's (\$2.50) is double-padded, and works well. The "field-tourniquet" (\$1) did good service during the Franco-Prussian War, but is hardly fitted for every-day use. Mott's (\$2) is good in principle, but has gone out of favor to some extent. Erichsen's (\$25) is an English favorite. Buck's (\$35) is ingenious, but is not suited to every emergency. Skey's (\$24), May's (\$15), Signorini's (\$13.50) I have never seen. Preferable to any is Esmarch's rubber band with Langenbeck's clamp, costing \$3.75. It is perfect in operation, and is adjusted without regard to the location of the principal arteries, controlling the *entire* circulation. It can be successfully used in operations on the extremities, and is one of the best inventions that German art has given us. The band is made in America by the Davidson Rubber Company.

#### XII. THE THERMOMETER.

What the compass is to the mariner the thermometer is to the physician. We can not do without it. From occupying a lowly place in science it has come to constitute the agent of an independent science. Thermometry now implies in its name an object second to no other in medical practice, as it determines both diagnosis and treatment of disease, in fixing the temperature of the sick-room and indicating the temperature of the sick person. For the first purpose I know of no better thermometer than that made by John Kendall, of New Lebanon, N. Y. I think it advisable for a physician to be provided with a set of three or four Kendall heat-thermometers, which can be purchased for about fifty cents each. There are cases where I depend as much upon keeping the room at a certain temperature as I do on reducing the temperature of the body to normal heat.

The clinical thermometer is made in a number of different styles and patterns. The instrument has several essentials. It must be very delicate and sensitive, accurately made and sealed, with a scale from 90° to 115° subdivided into fifths. It would be impossible to speak of the many makes that are in the market. G. Tiemann & Co. manufacture a bent instrument (price, \$3.50) that is coming into use. Casella's (\$7) is very popular, and has the merits of a high price, ivory scale, morocco case, and accuracy. There is the plain "bulb-thermometer," sold at from \$2 to \$3.50, and disposed to lose its register without the least provocation.

Dunster's (\$4.50) has a constricted bulb, and is preferred by some. Hawksley's (\$3 and \$4.50) is like Dunster's, but is divided into fourth instead of half degrees. Wein-hazen, for \$3, makes a good instrument. Grissler's (\$5.50) is a German make much used abroad. Reynders's (\$4) and others with patented spiral twists are warranted true and receive much favor. Seguin has invented an instrument (price, \$3) that is quite good. The "pencil-case thermometer" (\$5.50) is neat, pretty, and accurate. J. Gall & Co., of New York, under Hicks's (English) patent, manufacture a thermometer so constructed that the index is magnified so as to be readily observed even to the fraction of a degree. The index is permanent, as the quantity of mercury that is passing the constriction always is the index, and the dilation of the mercury always forms a new one in case it is "lost." The price is \$3, and in my opinion it is the most perfect and best-made thermometer there is in existence. There is a standing recommendation to obtain a "certificate" when a thermometer is purchased, but Gall's needs no certificate. It is always accurate and efficient. The same firm make a clinical surface-thermometer, constructed of a flat spiral bulb, carrying a stem and scale at right angles, and being surrounded by a rubber cap, which confines the heat of the skin. I have never used it, but if I were to employ any surface-thermometer I should choose this.

Cases for fever-thermometers are made of silver, lead composition, leather, wood, rubber, etc., and are sold at from five cents to two dollars. One surely can not afford to pay as much for a case as he does for his instrument, and a plain wooden case is just as good as any. The practice of carrying the thermometer in the pocket-case is excellent, and I think is worthy of adoption as being both safe and convenient.

#### XIII. THE OPTICAL TRIAL-CASE.

The trial-case has but recently been added to the armamentarium. It has been considered the exclusive property of the oculist, and only a short time ago no physician thought of using it as an agent in diagnosis of eye-troubles that occur in general practice. Latterly, thanks to the efforts of zealous ophthalmologists, it has been recommended for general adoption, and is being found in the cabinet of every progressive medical man. It is useful not only in the examination of patients who have some optical disorder more or less obscure, but also for testing the eyes



of young children in reference to myopia. Beside this I have found the case of value as shielding my patients from the influence of that worse than charlatan the itinerant vendor of spectacles. When it is known that you have a trial-case and an unhallowed detestation of the traveling salesman, nothing will be more common than calls from those who desire to learn what spectacles they should wear. Yes, my down-east friend, "it will pay." It is the physician's duty to advise his patients on the care of their eyes. There, if any where, prophylaxis is laudable. There are young men and women that we all know who are not "bright" just because they are myopic and are ignorant of it. The use of the trial-case prevents this loss of usefulness and mitigates suffering. By its legitimate use the physician becomes a public benefactor, and I do not think it extravagant to say that there is no one instrument of more real, every-day importance.

There are really but two economic cases—Roosa & Ely's and Loring's, both made by the enterprising Meyrowitz Bros., of New York, and sold for \$12 and \$14. I prefer the first, which contains thirty-six pairs of concave and convex glasses, numbered from 5 to 60, which is nearly as large a range as Nacet's \$125 case affords. A delicate frame for holding the glasses and a set of Jaeger's test-types are also contained in the case. It meets all the requirements of the practitioner, and is ambitious enough for the use of the specialist who has little means. Loring's case, which some prefer, contains twenty-four pairs of glasses, frame, and test-types. The lenses are marked in the metric system, and combinations are very readily made. As above intimated, I recommend the Roosa & Ely case over the Loring, but not with an idea of disparagement of the one, as both are well nigh faultless. Both are also offered to the profession at prices so low as to be within the reach of all, and the cost of the apparatus need not be longer an excuse urged against purchase. There are those who labor under the notion that there is a certain intricacy to the glasses necessitating intimate knowledge of the abstruse in the mathematics of ophthalmology. Such an idea is fallacious, as the glasses and their combinations could not be more simple.

#### XIV. A PHYSICIAN'S LAMP.

Forming a valuable adjunct to a physician's armamentarium is a good lamp. If we could choose to have daylight for all our operations we might not need a special

lamp, but there are emergencies where we can not rely on sunlight, and much less on the light of gas or common lamps. We need powerful, steady, and clear light. There are those who prefer the St. Germain student-lamp. I do not. Preferable to it and better than any other that I know of is Holling's duplex lamp, made in Boston, and sold at about the same as the student-lamp. It gives a light equal to twenty-eight candles, and of good quality. Has no smoke, smell, or danger. It is excellent in special operations, or with microscope affords a brilliant and unwavering light for the ophthalmoscope, and can be so arranged as to illumine any cavity for examinations. Beside all this it has more worth for lighting a room than any other kerosene lamp that I know of, and is unrivaled for the uses that lamps are put to by physicians.

#### XV. THE UTERINE SUPPORTER.

Only a short time ago the medical profession first heard the question, "Believest thou in uterine supporters?" Immediately the article appeared in the market, and although all have not answered the question, yet there are those who pin their faith to supporters. The pessary has quietly withdrawn from the war, and the praise of the supporter is heard in the land. When I began practice and had made out a list of instruments to be purchased I did not include the supporter, arguing that although it is a very excellent contrivance it cost too much to be assigned a place in my cabinet, and beside all this it was useless to provide myself with instruments that must necessarily be for sale purposes rather than for operations. That was of the past. The time came when I reasoned differently and thought more rationally. That it is as essential to have a supporter in the armamentarium as it is to have a catheter may seem fallacious, but why not? If occasion offers we loan or sell our catheters to patients, and when I purchased the supporter it was with the purpose in view of having it to loan, or as a "sale-sample." I found several makes on the market—McIntosh's, \$8; Babcock's, \$12; Wadsworth, \$6; O'Leary's, \$5; Scanzoni's, \$5; Tiemann's, \$6; and others—all very good but costly. (The bread question was always ready!) While still undecided I chanced upon Herick's, made at Grand Rapids, Mich. It has a place in my cabinet at a cost of \$2; and the little soft rubber instrument with silver-wire stem and hard rubber ring is really indispensable. It is easy to wear, is cleanly,



has no "cup," is effectually curative of uterine displacements, and is the only supporter I care to try. When a patient presents who needs the application of a pessary it is "loaned," and almost always it is *purchased*, and a new one must take its place. The supporter is worthy of a place in every cabinet, and Herrick's is about as good as is made.

HINSDALE, N. H.

## Medical Societies.

### KENTUCKY STATE MEDICAL SOCIETY.

[CONCLUDED.]

The Twenty-sixth Annual Meeting of this Society, held at Covington, beginning on the 5th day of April, 1881, transacted miscellaneous business of importance, as will be seen below.

#### QUALIFICATIONS OF DRUGGISTS AND PHARMACISTS.

Dr. C. Mann, of Nicholasville, moved to recommend to the legislature at its next session the application of a law relating to the qualification of druggists and pharmacists in cities to druggists and dispensers of medicine in general throughout the State. This has reference to a law passed in 1874, which in substance provides that all druggists and dispensers of medicines in corporations of five thousand and upward must be graduates in pharmacy.

#### REFORM IN MEDICAL TEACHING.

Dr. Reynolds brought up the subject of reforms in medical teaching, and said that inasmuch as at the last meeting of the Medical College Association a resolution was adopted making it incumbent upon members to require of applicants for graduation an attendance on three full courses of lectures, and that in view of the action of some of the eastern colleges, notably the College of Physicians and Surgeons and the Bellevue Hospital Medical College, in reference to these suggested reforms, he thought it proper that the various State societies should take some action or give some expression of the feeling of the profession outside of the Medical College Association, and he therefore offered the following:

*Resolved*, That it is the judgment of the Kentucky Medical Society that the American Medical College Association should be encouraged in the attempt it has been making to institute reforms in the methods of medical teaching and we pledge it our hearty support.

#### FOR THE PREVENTION OF QUACKERY.

Dr. McCormack, of Bowling Green, presented for the consideration of the Society an amendment to the present State law regulating the practice of medicine in Kentucky. This caused some sharp discussion between Dr. McCormack and several of the members. The amendment proposed is this:

*Be it resolved by the General Assembly of the State of Kentucky*, That an act entitled "An act to regulate the practice of medicine and surgery in this State" be so amended as to read after the close of sec. 4, as it now stands:

"And any person who is now practicing or may hereafter propose to practice medicine in any way whatever, in any county of this Commonwealth, shall first appear before the judge of the county court of such county and exhibit to him a diploma from a regularly chartered medical college or a certificate of qualification from a district board of medical examiners of this State, or satisfactory evidence that such person had been regularly and continuously engaged in the practice of medicine in this State for ten years prior to the passage of the law of which this is an amendment. Such person shall also make affidavit that he is the person named in the diploma or certificate, and how long and where he has been located.

"It shall be the duty of the county judge before whom the exhibit and affidavit are made to give to such person a certificate setting forth the name of the college or board issuing the diploma or certificate, date of certificate or diploma, and such other facts as are contained in the affidavit, which shall be furnished by him to the county clerk of such county for record in a book kept by him for that purpose, which shall be open to the inspection of the public at all times.

"And it is hereby provided that a regularly-chartered medical college within the meaning of this act is one reputably engaged in teaching the science of medicine as recognized by the school or system of medicine to which it professes to belong, and that a board of examiners within the meaning of this act is one of the legally-organized boards of medical examiners of this State.

"It is hereby made the duty of the State Board of Health of this State to prepare a list of such colleges and boards, and furnish such list to each of the county judges of this State, and that such list shall be the sole guide of such judges in determining the standing of medical colleges and boards.

"It is hereby made the duty of the county boards of health to report violations of this law to the grand juries of their respective counties.

"Any person violating this act shall be subject to all the penalties prescribed by the original act, of which this is an amendment."

The resolution was unanimously adopted.

## Correspondence.

*Editors Louisville Medical News:*

In a recent paper read by Dr. Baker before the Health Association of Michigan, meeting at Battle Creek, I was struck with this paragraph: "There are persons even in this enlightened State who oppose any effort for improved vital statistics, who strive to cripple the resources of the public-health service, and to hinder the work which has for its object the prevention of sickness and death."

This is one of the difficulties against which the sanitary movement has to contend in every State where the enterprise is new. The people must be educated up to a recognition of the health-officer as a friend and judicious



adviser. So long as they regard him as one who is exercising an espionage over their houses and grounds, which is unwarranted by common civility or by law, they will receive him with incivility, and perhaps repulse his kindly efforts to do them a service. They admit the constable, the tax-gatherer, the assessor, and recognize them as lawful agents of the State. The health-officer, on the other hand, is an inquisitive interloper, meddling with business which is not his. Instead of extending to him a welcome as the official who above all others is upon an errand of mercy and beneficence, he is repulsed as an intruder upon private premises. The hot months come, and disease comes from some local cause overlooked or unsuspected by even good housekeepers, and then they remember that a man once called claiming to be a health-officer.

All health-boards of Kentucky must go slow until the people recognize the fact that the going is in the interest of public health. When this impression is once made the people will coöperate with the board of health, and realize some of the good results promised by sanitarians.

LOUISVILLE.

HYGIENIST.

## Reviews.

**The Microscope and its Relation to Medicine and Pharmacy.** Edited and published by CHAS. H. STOWELL, M.D., Assistant Professor of Physiology and Histology, University of Michigan, and LOUISA REED STOWELL, M. S. Assistant in Microscopical Botany, University of Michigan. An illustrated bi-monthly journal. Ann Arbor, Mich. Vol. 1, No. 1.

"And a new face at the door, my friends, a new face at the door." We open and give it welcome to our sanctum. Its originals are striking and practical, its illustrations excellent, and its selections well made. There is plenty of untilled soil in the field it proposes to work, and we hope it may reap a full harvest.

**Food for the Invalid, the Convalescent, the Dyspeptic, and the Gouty.** By J. MILNER FOTHERGILL, M.D., Edin., M.R.C.P., Lond., etc., etc., and HORATIO C. WOOD, M.D., Professor Materia Medica and Clinical Professor of Diseases of the Nervous System, University of Pennsylvania, etc. New York: McMillan & Co. 1880. \$1.

Dr. Fothergill's part of this work is apparently the introduction, which discusses with learning and in his taking style the

subjects, the invalid in bed, nursery food, and food generally. He is especially clear in dealing with the pathology of gout and the changes through which the food passes to generate gout poison.

The recipes contain many dishes not usually advised for the sick, but which fall within the scope of this book, as it professes to teach what foods may be eaten by those of gouty habit who are not necessarily dyspeptic. The preparation of fatty articles of diet and of fish is dwelt upon at much length in conformity with the idea of its authors that palatable fats are much in demand in modern diseases, and that avoidance of brown meats must be preached to those of gouty tendency. It will prove profitable reading to any body.

**A Practical Treatise on Surgical Diagnosis:** DESIGNED AS A MANUAL FOR PRACTITIONERS AND STUDENTS. By AMBROSE L. RANNEY, A.M., M.D., Adjunct Professor of Anatomy, etc., in Medical Department of University of New York, etc. Second edition, revised and enlarged. New York: Wm. Wood & Co. 1880.

The intention of this book is excellent. The fact that a second edition has become necessary only a year after the first was issued shows that it has achieved a certain amount of success. It contains a vast deal of useful information arranged in a striking way. There is a slovenliness at times in the author's style which while it does not detract from the practical merits of the work is yet a blemish not unworthy mention.

**An Index of Comparative Therapeutics.** By SAMUEL O. L. POTTER, M.D., President of Milwaukee Academy of Medicine. Chicago: Duncan Brothers. 1880.

This book, compiled by a homeopathist, presents an abstract of the therapeutics of regular medicine and of homeopathy in parallel columns.

We know of no work of the kind which is so well adapted for making a comparison between what are called "the old and new schools." One is somewhat surprised to find chloral in twenty-grain doses (homeopathic) for insomnia, and still more to learn that two grains is given as a hypnotic for each year of age up to twenty years. Our "school" has taught one grain for each year as a good proportion.

The compilation from our authorities has been made honestly, and arranged so as to make an index serviceable to any doctor.



## Books and Pamphlets.

EIGHTH BIENNIAL REPORT OF ILLINOIS ASYLUM FOR FEEBLE-MINDED CHILDREN AT LINCOLN, October 1, 1880.

EXTIRPATION OF RECTUM WITHOUT DESTROYING THE SPHINCTER ANI MUSCLE. By William A. Byrd, Quincy, Ill.

A CONTRIBUTION TO THE PATHOLOGICAL HISTOLOGY OF ACUTE PAROTITIS. By Edmund C. Wendt, M.D. Reprint from New York Medical Journal.

A FURTHER CONTRIBUTION TO THE STUDY OF FRACTURES OF THE INFERIOR EXTREMITY OF THE RADIUS. DIFFERENTIATION OF LONGITUDINAL AND TRANSVERSE FRACTURES AND THE CAUSES WHICH PRODUCE THEM. By L. S. Pilcher, M.D., Brooklyn.

REPORT ON TRICHINÆ AND TRICHINOSIS. Prepared, under direction of the Supervising Surgeon-general, by W. C. W. Glazier, M.D., Ass't Surgeon M. H. S. List of members of the American Academy of Medicine, January, 1881, with Constitution and By-laws.

COLUMNÆ ADIPOSÆ; NEWLY-DESCRIBED STRUCTURE OF THE CUTIS VERA, WITH ITS PATHOLOGICAL SIGNIFICANCE IN CARBUNCLE AND OTHER AFFECTIONS. By J. Collins Warren, M.D., Instructor in Surgery, Harvard University; Surgeon to the Massachusetts General Hospital.

AN IMPROVED SELF-RETAINING RECTAL AND VAGINAL SPECULUM. By A. F. Erich, M.D., Professor of Diseases of Women, College of Physicians and Surgeons, Baltimore; Surgeon in charge of the Maryland Woman's Hospital, etc. Reprint from the Obstetric Gazette, February, 1881.

THE STRONG GALVANIC CURRENT IN THE TREATMENT OF SCIATICA: THE RESULTS IN THIRTY-TWO CASES. By V. P. Gibney, M.D., New York. Extract from Transactions of the American Medical Association.

This is written with the vigor and grace characteristic of its distinguished author.

A CASE OF PRIMARY TUBERCULOSIS OF THE LARYNX. Read before the American Laryngological Association, session of 1880. By J. Solis Cohen, M.D., Philadelphia. Reprint from the Archives of Laryngology, Vol. II, No. 2, April, 1881.

Comment is unnecessary here. Dr. Cohen never goes into print without something to say. No one can read any thing from his pen without gaining new and substantial knowledge.

FAILURE OF VACCINATION: VARIOLOUS INFECTION AN ILLUSION; VACCINATION AN INJURY TO HEALTH AND A DANGER TO LIFE, AND, AS A PROTECTION AGAINST SMALLPOX, A VANITY. Read before the St. Louis Medical Society, January 15, 1881. By Carl Spinzig, M.D. Reprint from the St. Louis Clinical Record for February and March, 1881.

Wonderful! We are just now looking for the man who will show us that eating and drinking will not protect against starvation; but Heaven grant that he may give us something more readable than Dr. Spinzig's diatribe.

## Pharmaceutical.

COMPRESSED SOLUBLE HYPODERMIC TABLETS.—We have just received from John Wyeth & Bro., of Philadelphia, a line of samples of the above-named articles, embracing specimens of morphia in fractional amounts and combinations of morphia and atropia. Forms like these are what we have long desired, and, so far as we know, they bear out the claims of the manufacturers, as stated below:

They are convenient both to carry and to use; they are accurate, enabling the physician to administer precisely the dose desired; and they are not liable to change by keeping. Solutions are bulky, the bottles are apt to break or to leak, and the liquid often becomes decomposed or deteriorated by time. Powders become inert from atmospheric influences; the papers become torn and part of the medicament is often lost in the necessary handling.

Judging the readers' wants by our own, we make another quotation from the circular sent with the samples:

DIRECTIONS.—The syringe is charged with about twenty minims of water, which is poured into a teaspoon or other convenient receptacle; the pellet being dropped in is crushed with the end of the syringe, to which the needle fits, and after all the lumps are broken the solution is drawn up and forced out three or four times, when usually the whole mass will be entirely dissolved and ready for use.

If warm water is used or the spoon is heated over a lamp or gas jet, a perfect solution is effected in a moment. The tablets may be readily powdered with the blade of a knife, and a solution is even more speedily made in this way.

## Formulary.

### BENZOATE OF CALCIUM IN THE ALBUMINURIA OF PREGNANCY.

Jas. T. Shinn (Amer. Jour. of Pharm.), after giving a formula for the preparation of this salt, says:

It may be dispensed either in capsules or solution, a very good formula for the latter being:

R Calcii benzoat..... gr. cxxviiij;  
Aquæ destillat..... fl. ℥ vj;  
Syr. aurantii..... fl. ℥ ij.

M. ft. mist.

This makes a solution, by the aid of heat, containing eight grains to half a fluid ounce, which is the usual dose.

At a meeting of the Chester County (Penn.) Medical Society Drs. Smith and O'Hara spoke of the great benefit derived from this preparation in cases of albuminuria during pregnancy, and as the salt may be called for, and is not on the price-list of the chemists, a formula for its preparation may be useful.



CHURCHILL'S TINCTURE OF IODINE.

The formulas for this preparation vary to a certain extent. The following, which we take from our files, that adopted by the New York Hospital:

Resublimed iodine..... ʒj;  
 Iodide of potassium..... ʒij;  
 Water..... }  
 Alcohol..... } aa fl. ʒij.  
 Dissolve.

It will be remarked that the preparation is identical in strength with the officinal compound tincture of iodine, dilute alcohol being only substituted for strong alcohol. The dose is from five to fifteen drops, as may be required.—*Druggists Circular*.

Churchill's tincture of iodine for topical application in certain uterine affections is preferred by the gynecologist to the officinal preparation.

A PLEASANT SULPHURIC-ACID BEVERAGE.

Petals of red roses..... 20 parts;  
 Boiling water..... 1,000 "  
 Dilute sulph. acid..... 4 "  
 Sugar..... 160 "

Pour the boiling water upon the rose-petals; allow this to stand for an hour; then strain and add the sulphuric acid and the sugar.

The lemonade is to be taken cool or iced, in small quantities and after prolonged intervals, so that irritation of the stomach will not ensue. A tumblerful, for example, with some madeira, every three or four hours, would be a suitable method of administration.—*Cincinnati Lancet and Clinic*.

WHITE LIQUID PHYSIC.

Sulphate of soda..... ʒ viij;  
 Water..... O jss;  
 Nitro-muriatic acid, dilute..... fl. ʒij;  
 Powdered alum..... gr. lxxviij.

Dissolve and filter.

The preparation is given as a cooling purgative, and by some as a substitute for mercury. The dose is one tablespoonful, in a gill of water, three times a day. To protect the teeth against the acidity of the mixture, the dose is to be taken through a glass tube, and the mouth is to be rinsed immediately after with a solution of bicarbonate of soda.—*Druggists Circular*.

The alum is serviceable in this prescription in constipation depending upon a paretic state of the muscular coat of the bowel. The combination is an extremely cheap one, and may be useful in the treatment of females of lax fiber.

WICKERSHEIMER'S PRESERVING FLUID.

	For injecting.	For immersing.
Acid arsenious.....	16 grams;	12 grams;
Sodium chloride .....	80 "	60 "
Potassium sulphate...	200 "	150 "
Potassium nitrate.....	25 "	18 "
Potassium carbonate,	10 "	15 "
Water .....	20 liters;	10 liters;
Glycerin .....	4 "	4 "
Wood naphtha.....	3/4 "	3/4 "

M.

—*Boston Jour. of Chem.*

PSORIASIS VULGARIS INVETERATA.

John V. Shoemaker, A.M., M.D., on the treatment of this affection.

The initiatory local treatment consisted in the daily application of *sapo viridis* rubbed into the parts affected with a stiff nail-brush, to remove the epithelial scales, followed by ablution with tepid water and the reapplication of green soap, which was permitted to dry upon the part, and the patient directed to apply the following ointment:

R Hydrarg. ammon..... gr. xv;  
 Ol. cadini..... fl. ʒij;  
 Ungt. petrolei ..... ʒj.

M. ft. ungt. S. To be applied twice daily, and instructed to return to us at the expiration of one week.

At that time no improvement was perceptible, except the red base of the scaly deposit had assumed a more inflammatory aspect, due to the irritating application of the soap. The scaly condition of the derma was but little influenced. Of course a rapid change in so brief a period was not anticipated. During the third week of treatment the patient exhibited marked signs of improvement, the imbricated silvery patches were removed, and the hypertrophied papillæ of the corium were plainly seen. The patient was now directed to use—

R Acid chrysophanici..... ʒj;  
 Ungt. petrolei..... ʒj.

M. ft. ungt. S. To be applied once daily.

From this time on the patient made rapid and favorable progress, and was discharged cured January 5, 1881, after two months' treatment.—*Medical Bulletin*.

Miscellany.

DROPS.—G. H. C., New Haven, Connecticut, writes to The Druggists Circular: The article published in the February number of The Druggists Circular under the heading, On the Administration of Medicines in Drop Doses, is worthy the consideration of every physician and pharmacist. The subject is one to which a majority of both branches of the profession give by far too little attention, and the thorough practicalness of Mr. Moore's article ought to be the means of accomplishing much good in this direction. Absolute accuracy in the dose of liquids is not possible, owing to the variation in the sizes of spoons, the measure usually employed; but the giving of medicines in drops deviates too widely from any definite quantity to be ever practiced safely, with possibly rare exceptions. The writing, too, of drop quantities of certain articles to be dispensed in mixtures, as is the habit of some physicians, should be abandoned; or else why not with as much propriety return



to the whilom custom, and write a "handful" of this and a "pinch" of that?

A prescription recently handed me to prepare called for liquor arsenici et hydrargyri iodidi, gtt. xcvi, and with the other ingredients formed a four-ounce mixture. Now in such a case the pharmacist who drops the solution and counts the ninety-six drops follows the letter of the prescription; but the strength of the compound will probably never be twice alike. The probable variation might seem to be of little account practically; but I think this would not be so in many cases, as the possible range is large; and consequently it is a careless way of writing. From our shelf-bottle ninety-six drops of Donovan's solution measured one hundred and twenty-four minims; from the lip of a minim graduate, one hundred and fifty minims; from a so-called minim dropper, one hundred and six minims; from a smaller dropper, ninety-four minims. Here is a variation of fifty-six minims between the extremes of ninety-six drops, as tried only from four such surfaces as might be employed by the dispenser.

It would seem from this that something more than *silence* is necessary to secure *accuracy*.

**GRAFTING THE TOMATO ON THE POTATO.** Mr. Hiram Stidolph, of Jefferson County, Ala., writing to the Rural World, in October, says:

"I have this summer grafted a tomato vine on a potato vine. It is now growing finely. If it had not been such a dry summer I think it would now be full of fruit, and I should probably have potatoes at one end of the vine and tomatoes at the other end. It has been grafted four months and is now (October 15) full of blossoms. It is the most singular piece of grafting I have ever done. I have grafted white currants upon black currants and on red ones, and a gooseberry on a currant, which bore a gooseberry the first year. But grafting the tomato on the potato gave me more trouble than any grafting I ever did. The tomato vine looked sickly for a long time, but I shaded and watered it, and it finally grew and produced blossoms, as I have stated."

Another correspondent in the same paper, of November 25, adds: "In 1867 an Alsatian gardener, then in my employ, mentioned to me this rather curious fact of the practicability of grafting the tomato on the potato. I think I have since seen it referred to in several works. The tomato may be

successfully grafted on the potato. By this means one gets a crop of potatoes in the ground and a crop of tomatoes on the stems. The potato (*S. tuberosum*) and the tomato (*S. lycopersicum*) being both Solanaceæ, the inference is that they can be united by proper care in manipulation, and subsequent protection of the graft. The great difficulty, however, of grafting herbaceous plants will prevent its being practiced even by those who have a penchant for oddities."

While nothing useful has been gained by the experiment, yet it shows what wonderful transformations can be made in the vegetable kingdom.

**DEATH BY DROWNING.**—The striking fluidity of the blood often to be observed in the bodies of persons who have been drowned has led MM. Brouardel and Vibert to make some experiments upon the subject (London Lancet). They have found that when animals have been drowned slowly a large quantity of water passes into the circulation, as is shown by counting the number of corpuscles in a given volume of the blood before and after immersion. They estimate that the water in this case amounts to not less than one third of the total amount of liquid in the circulation. If death occurs rapidly, little or no water is absorbed. The water enters chiefly by the mucous membrane of the lungs, for ligature of the esophagus makes very little difference to the quantity absorbed. Animals killed by the injection of water into the air-passages present a slighter amount of hydremia than those killed by drowning. In the latter case the blood-corpuscles present only slight changes, and the chief difference to be detected is their lessened quantity. Small capillary hemorrhages, however, are often to be found in the alveoli and parenchyma of the lungs, which explain the blood-stained foam which often flows from the nostrils and mouth of the drowned. Some of the epithelial cells of the lungs are altered, and present a granular and fatty appearance in consequence of the action of the water.

A BILL "to protect the public health and regulate the practice of medicine in the State of Colorado" recently passed the legislature of that State. The law is similar to that of Illinois, and, like it, gives to the board the power of determining what colleges have a good standing. Bills of like tenor have lately passed the legislatures of Indiana, Arkansas, and West Virginia.



AN UNFORTUNATE TOBACCO COUNTER-BLAST.—Carlyle, from his own account, was a martyr to dyspepsia. In his *Reminiscences*, however, he tells no word of his bodily symptoms of disorder, but makes constant allusions to his mental miseries. Perhaps some one of the many doctors whom he no doubt consulted could tell us something interesting on this point. And perhaps also psychologists may be able to trace at times in his misanthropic expressions traces of his mental and bodily sufferings. He once, it appears, rode sixty miles to Edinburgh "to consult a doctor, having at last reduced my complexities to a single question, Is this disease curable by medicine? or is it chronic, incurable except by regimen, if even so? This question I earnestly put; got response, 'It is all tobacco, sir; give up tobacco.' Gave it instantly and strictly up. Found, after long months, that I might as well have ridden sixty miles in the opposite direction and poured my sorrows into the long hairy ear of the first jackass I came upon as into this select medical man's, whose name I will not mention.'"—*British Med. Journal*.

INDIANA THIRD CONGRESSIONAL DISTRICT MEDICAL SOCIETY.—It should not be forgotten that this society will meet in Jeffersonville on Wednesday next, May 4th.

We have not seen a programme as yet, but having some insight into the "way they do things" across the river we can assure our friends who may attend that pleasure and profit will reward their pains.

We are informed that a number of papers will be read by able members of the profession in Indiana, and that an invitation has been extended to Prof. E. R. Palmer, of Louisville, to address the society. This brilliant speaker has promised to be there, and his eloquence will well repay the courtesy.

We have also been told (underbreath) that there is a fixed determination in the minds of the physicians and citizens of our neighbor city to rival even Louisville in the matter of hospitality.

USES OF PEROXIDE OF HYDROGEN.—A considerable quantity of the peroxide of hydrogen is used in America for bleaching feathers. Mr. A. H. Mason, discoursing on the subject before the Liverpool Chemists' Association recently, said: I am informed that the medical profession have given it a trial and it has been found wanting. For medicinal use the quantity sold is very small. Dr. Richardson recommends the ten-volume

solution. Dose, one half dram to two drams; but there is a large quantity of so-called ozonic ether used in medicine, which consists of a compound of absolute ether, with peroxide of hydrogen, expressly made of thirty-volume strength. The best-known application of peroxide of hydrogen is probably in its employment as an auricome for bleaching dark-colored hair, producing the yellow tint; for this purpose a ten-volume solution is used, the hair is saturated with it, and then exposed for two or three days, when the oxygen is liberated and the hair partly decolorized; if wanted in a shorter time, after immersion the hair is dried in a water bath for a few hours, but the ultimate result is not so satisfactory. A London hairdresser produces white hair, and it is conjectured that he employs a twenty-volume solution, with the addition of strong solution of ammonia, and so completely decolorizes and bleaches the hair, at the same time renders it practically destroyed except so long as it holds together.—*Oil and Drug News*.

PROFESSOR BILLROTH has twice repeated his new operation of resection of the pylorus for cancer of the stomach. The first operation has been successful, the patient having returned home apparently well, and able to take solid food. The second patient survived the operation eight days. The third, on whom Dr. Billroth operated on the 12th of March for a considerable cancerous tumor, died in twelve hours. The facility of the operation, the absence of peritoneal reaction, and the holding power of the sutures, were apparent in all the three cases.—*Brit. Med. Jour.*

COOL WATER FOR THE FEET.—Plunging the warm feet into cool water immediately on getting out of the bed in the morning has frequently the effect of keeping them warm during the day.—*Dr. Rumbold's Hygiene of Catarrh*.

BUTTERMILK is highly recommended by Hildesheim (Berlin Clinical Weekly, No. 38, 1880) in febrile affections. It reduces the temperature and supplies waste.—*International Jour. of Med. and Surg.*

A MICHIGAN quack gave the following prescription: "R Powder of egg-shells, 20 grs. To be taken *annually* every two hours until her bowels were *removed*."—*Physician and Surgeon*.



## Selections.

### Differential Diagnosis between Chancre and other Ulcers of the Cervix Uteri.—Translation in Philadelphia Medical Times:

Rasmusow, in an article of great interest both to the gynecologist and to the general practitioner (*Vierteljahresschr. f. Derm. u. Syphilis*), says that the first point is to decide whether a given sore is a chancroid or a chancre. The points of diagnosis are as follows: The chancroid presents, as a rule, a decided loss of substance, an excavation with undermined and corroded edges, surrounded by a reactive inflammatory area. The surface of the chancre, on the other hand, is usually flat, sometimes elevated, without sharply-defined borders, and rarely shows itself as a decided loss of substance. The floor of the chancroid is uneven, like its edges, corroded, and covered with a more or less abundant yellowish or fatty-looking secretion. The floor of the chancre is smooth, as if varnished, with a grayish or reddish (flesh-colored) appearance, and it exudes a scanty sero-sanguinolent or purulent fluid. The floor of the chancroid is soft and doughy, or only gives the sensation of inflammatory exudation, while the chancre is marked by a well-marked, hard, sclerosed foundation, although this may not be so perceptible in this locality as in chancres of the external skin. A common accompaniment of the chancre is a painless enlargement of neighboring lymphatic glands, the tumors thus formed showing in most cases no tendency to break down into abscesses. A similar involvement is quite unusual in chancroid, occurring, according to Zeissl, only twenty times in one hundred cases. This is particularly the case in chancroids of the cervix, in which it only occurs when these ulcers are accompanied by similar sores on the external genitalia, where abscesses form as a rule. The chancre is followed by appearance of general secondary symptoms, while, as is known, the chancroid is a purely local affection. As to inoculation, Rasmusow has not employed this method of diagnosis; first, because in many of his cases the capability of the secretion for auto-inoculation is evident from the appearance of neighboring sores; and secondly, because at present the fact asserted by Auspitz appears to be proved, namely, that the secretion of the chancre can itself be auto-inoculated until the period of general symptoms.

Of other affections of the cervix which may be confounded with chancre, follicular ulcers, simple abrasions or excoriations, papillary erosions, herpetic ulcers, tubercular and cancerous ulcers, may be mentioned. As to the follicular ulcers, these are small and cup-shaped, situated in the follicles, are most numerous about the external os, and are even found within the cervical canal. They do indeed remind one of chancroids at first glance, but they are usually no larger than the follicles from which they originate, and do not tend to spread. Early cauterization generally heals them rapidly, whereas this treatment applied to the chancroid before its surface clears is usually harmful. Follicular ulcers are usually accompanied by enlarged and inflamed follicles, and are grouped about the external os. They are also usually accompanied by catarrh of the cervix and even of the uterine cavity. The ordinary accompaniments of this catarrh are likewise present—hyperplasia and hypertrophy of the cervix, fluor albus, burning in the lower pelvic region, pain in the loins, etc. Chancroids

of the vagina usually run a painless course, and are unaccompanied by a catarrhal condition of the cervical canal and cervix. Quite contrary to chancre, these follicular ulcers do not run a typical course; they are quite indifferent to the influence of iodoform, which is almost a specific in the venereal sores of this locality. From the initial lesion of syphilis these follicular ulcers can easily be distinguished by their lack of induration and by the absence of swollen glands.

Simple erosions resemble chancroid and chancre only in the earliest stage of the latter. The changes which take place in both varieties of venereal sores, the ulceration of the chancroid, and the induration of the chancre, with involvement of neighboring lymphatic glands, soon serve to differentiate them.

The papillary erosion is simply a further metamorphosis of the simple erosion, and is characterized by small dark-red points scattered over its surface, which are nothing more than the points of papillæ deprived of epithelium which are found in the inflammatory condition. The papillary erosion is usually found in connection with simple erosion, and is accompanied by cervical and vaginal catarrh, the lesions also being grouped around the os uteri.

The so-called herpetic ulcer may sometimes resemble the initial lesion of syphilis, particularly when it takes the form of an erosion; but the herpetic ulcer is apt to be multiple and the several lesions run together, forming a larger sore of very irregular segmented outline. In addition, there is no induration or lymphatic glandular involvement, and the little sores tend to rapid cure. . . .

Tuberculous ulcers of the cervix are almost unknown as primary appearances, and are accompanied by signs of tuberculosis in other organs.

**Extirpation of the Pylorus.**—The woman on whom the operation was performed on January 29th was forty-three years of age, and previously in good health, having borne eight children (*Med. Times and Gazette*). In October, 1880, she suffered from vomiting, and soon presented all the symptoms of carcinoma of the stomach and stenosis of the pylorus. During the six weeks prior to the operation the constant vomiting and the small amount of nourishment taken led to excessive pallor, emaciation, small and frequent pulse, and exhaustion; so that the patient, feeling her end approaching, consented to the operation proposed by Billroth. The preparation for the operation, which was performed in a temperature of 24° R. (86° F.) under chloroform, consisted only in washing out the stomach with the ordinary tube. An incision about eight centimeters in length was performed over the tumor, which was readily movable under the thinned integuments. The tumor proved to be a nodulated carcinoma of the pylorus, which was in part infiltrated, and occupied more than the lower third of the stomach. The parts were carefully separated from the omentum and transverse colon, and the vessels being tied before their division very little blood was lost. The tumor having been completely brought on to the integuments of the abdomen an incision was made through the stomach one centimeter beyond the infiltrated part—first only backward, and then through the duodenum. An oblique incision through the stomach was next directed from above and inward to below and outward, always at a distance of one centimeter from the infiltrated parts. After uniting the oblique incision only sufficiently to allow of its being adjusted to the duodenum the tu-



mor was completely separated from the duodenum, one centimeter distant from the infiltration, by means of an incision parallel to that made in the stomach. The duodenum was adapted to the aperture left in stomach, about fifty sutures of carbolized silk in all having been employed during the operation. After cleansing with a two-per-cent carbolic acid solution and the application of a guard-ligature the parts were replaced in the cavity of the abdomen. The operation, including a tedious chloroformization, occupied one hour and a half. The excised portion consisted of fourteen centimeters of the greater curvature of the stomach, and a quill could only be passed with difficulty through the pylorus. The form of the stomach was not essentially changed by the operation, the organ only being rendered smaller. After the operation there was neither vomiting nor pain. . . . From a communication of Professor Billroth on February 13th it appears that the patient had continued to improve, so that the recovery then seemed assured. The result is indeed favorable beyond all expectation, and already suffices to show that such an operation is practicable, so that persons may now be successfully treated for a disease hitherto reputed incurable; and even when a relapse takes place they will at least have received temporary alleviation.

**The Constitution of Malt Liquors and their Influence upon Digestion and Nutriment.**—The word "malt extract" is by common consent of chemists applied to that portion of a malt liquor which either has not been fermented into alcohol or which after fermentation has escaped conversion into alcohol (Cincinnati Lancet and Clinic). Further, malt extract is a solid, and is obtained by evaporating the liquids containing it to dryness. It will be seen therefore that Hoff's liquid is something more than "malt extract," for it contains besides this body alcohol and the usual quantity of carbonic acid gas which causes any ordinary fermented liquor to froth up when liberated from the bottles containing it. In fact the presence of large quantities of carbonic acid gas in Hoff's liquid shows that its alcohol has been produced by internal fermentation; but on the other hand, this liquid of Hoff's produces on evaporation to dryness an extract which differs from the solid extract usually obtained from British beers. Malt extract obtained from such sources contains a large per cent of crystallizable sugar, while that of Hoff's liquid is almost entirely constituted of the dark brown uncrystallizable extractive matter present.

Starch constitutes 47.4 per cent of wheaten bread, 58.4 per cent of oat meal, 18.8 per cent of potatoes, 63.3 per cent of wheaten flour, 79.1 per cent of rice, and 82 per cent of arrow root, so that the whole matter seems of sufficient importance to merit careful experiment. It is obvious that if malt liquors exert a solvent action upon starch, the phenomena can be investigated external to the stomach, provided the necessary temperature and other conditions of the animal digestion be imitated. Such experiments have been conducted not only with Hoff's liquid, but with ordinary beers and porters, as bought from neighboring public houses.

Fifty grams of bread were digested at blood heat with two hundred centimeters of water made faintly alkaline with sodic hydrate. The total dissolved solids were then estimated after digestion for six hours at blood heat, and filtration in the usual way.

These experiments demonstrated that with twenty-four hours' digestion, ninety grams of Hoff's liquid

dissolved fifty per cent of the starch of thirty grams of bread, and that it requires four times as much of any of the others to effect the same result.

The total result is as follows, the figures being calculated to avoid decimals, and to show the amount of starch in the bread, which became soluble by the agency of the various liquors, the bread used in each case being of the same weight: Burton ale dissolved five per cent starch; London porter dissolved forty per cent; Wrexham ale dissolved twenty-six per cent; genuine Hoff's malt extract dissolved sixty per cent.

The importance of such an agent as Hoff's liquid upon the digestion and nutrition may be estimated, when it is considered that starch forms so large a proportion of the diet of man that in its natural state, or even when boiled, it is not soluble in the sense of being capable of absorption through a membrane (although it may become pasty or sticky) and that before it can be absorbed by the assimilative organs it must become soluble.

**"Gynomania."**—E. C. Spitzka, New York City, writes to the Medical Record: In regard to the query of a correspondent in your issue of March 19th, as to whether cases similar to the one designated by him as one of "gynomania" having occurred to others, I would say that such cases, while not frequent, are far from being uncommon, and that they have received due consideration at the hands of eminent German and French alienists. Westphal, under the head of *Contraere Sexualempfindung*, and Krafft-Ebing, in a very thorough paper dealing with all varieties of sexual perversion, have described cases of the same character, and shown that those states in which the patient feels himself inclined to assume the feminine dress and gestures, or goes so far as to feel himself a woman during the otherwise normally-performed sexual act, are symptoms of a degenerative psychosis. There are to my knowledge about twenty cases of this perversion described in the German periodicals. Probably a much larger number occur, but are unnoticed, as they rarely fall into the hands of so careful an observer as Dr. H., and very rarely indeed are committed to asylums. They are all of them incurable. I have met with three cases of "contrary sexual appetite," and of these only one came under my notice professionally; the others were learned of by accident. Careful search should be made in cases of this kind for a hereditary history and for anomalies in the offspring.

**The Micrococci of Gonorrhea.**—A. Bókai, in connection with A. Finkelstein, has made some experiments with a view of confirming the existence of the Neisser gonorrheal micrococci. Every specimen of the culture fluids showed micrococci which were in every respect identical with those described by Neisser (Cincinnati Lancet and Clinic). Six experiments in infection were made upon men, mostly students, who volunteered for the purpose. Three showed positive results from two drops of the fluid inserted in the urethrae. An acute gonorrheal urethritis supervened with all the well-known symptoms. Three showed negative results, but in one the micrococci of the virus had been killed by the action of oleum eucalypti, and in the other two the virus used in the culture fluids had been originally derived from a chronic gonorrheal ophthalmia. We are informed that some of our enterprising young specialists are looking for students on whom to verify these results.



# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. XI.

LOUISVILLE, MAY 7, 1881.

No. 19.

J. W. HOLLAND, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M. D., . . . . . Managing Editor.

## SUPPRESSING QUACKERY.

Bills for regulating the practice of medicine are like doctors' prescriptions—there is some meaning in the words, but no magic to conjure away the disease.

An efficient board of examiners must first play the apothecary, and the law-officers like faithful nurses administer the bitter pill. And there's the rub; for when apothecaries are sleek and prosperous fellows they shirk a disagreeable job, and the nurse has her gossips, is apt to take her responsibility lightly, and so the case is allowed to have its natural course.

In our State it is found that the difficulty has not been so much with the indifference of the county examiners as with the imperfection of the law, which makes nobody in particular responsible for its execution. If in a crowded community like that of Louisville a quack ignores the official summons, the board, were it never so zealous, has no legal means to compel his attendance, nor is there a feasible provision for enforcing the penalties prescribed by the law.

A law which does not provide distinctly for its own execution, making certain officers of the commonwealth directly responsible therefor, is a dead letter. The impotent conclusion of our present law serves only to create the impression upon the public either that the case is not so bad as we represent it, or that all parties see that the malady is incurable.

The amendment offered by Dr. McCor-

mack to the Kentucky State Medical Society, a copy of which appeared in the NEWS last week, proposes to make it the duty of county boards of health to present the offenders to the grand jury for indictment. In New York this duty is imposed on the county medical societies. The societies of the interior have looked to the most influential body in that State—that of New York County—to make the first move, and, according to the latest advices, they look in vain.

Men will work like beavers to get the law passed, and then supinely wait for a scatter of the charlatans, as if they believed that the verbal formula was a talisman to exorcise the evil ones. Even if the Kentucky law is amended as proposed, we fear that this supposed religious quality will be depended on by easy-going county boards of health. Aside from the small importance the law may have as indicating the sentiments of a majority of the legislature, it is of no value except as an instrument to be used by men who have the will to give it effect.

Illinois is as yet the only State which has attacked the problem with entire success. Its board of health is virtually a board of examiners, with a well-paid executive officer, whose incantations have had an effect as wholesome as those of St. Patrick when he rid Ireland of her reptiles. On the other hand, it has also illustrated the principle that a sanitary board loses much of usefulness as such if it be required to do aught else than general sanitary functions.

By the light of experience it does not appear to be a judicious association of duties.



A board having supervision over vital statistics, quarantine, and other matters of State hygiene, if required to take upon itself the function of an examining board, is apt to neglect the no less weighty and far more difficult work of sanitation.

To reform a whole people in domestic as well as public hygiene will require years of education by varied forms of iteration. A new ground lies fallow there of the sort that calls for every appliance of cultivation.

Dr. McCormack has wisely required of the State Board simply the preparation of an official list of colleges in good standing for the use of county judges, and assigned to the county boards of health the task of putting the law in force as if the quack was a sanitary nuisance. This is an obvious improvement upon the old law; and if all officials had the energy and determination of the author of the amendment, there would be no doubt of its complete success.

If it becomes a law—and we hope it may—we predict that its enforcement will be any thing but uniform throughout the State. In a populous county like Jefferson the task will be a much heavier one than in Warren or Boyle, and the chances are proportionally against its full operation. We shall have ourselves to blame, however, if we allow the pests driven out by the zeal of neighboring counties to settle down in our bailiwick unmolested.

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THE HEROES OF PEACE.—The French Chamber of Deputies gives to the family of every physician dying of disease contracted in the hospitals a pension equal to that of the soldier's widow and orphans. A nation confers honor on itself when it recognizes the heroism of the healer as equal with that of the maker of wounds.

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WHICH WAS RIGHT?—The proposition to add dialyzed iron to the new U. S. Pharmacopeia has been defeated by a decided vote, while the same remedy has just been incorporated in the pharmacopeia of Hungary.

## Original.

### THE ARMAMENTARIUM OF THE GENERAL PRACTITIONER.

BY WILLARD H. MORSE, M.D.

#### PART III.

##### XVI. THE INHALER AND VAPORIZER.

Plans to destroy disease-germs have been hobbies well ridden for the past few years. Out of these have grown atomizers, inhalers, vaporizers, and pastilles. Of inhalers there are several makes. I think Kirkwood's most worthy of recommendation. Through its use the vaporized remedial agent is directly applied to the diseased air-passages with utmost safety. The price is \$2.50 and \$5. There are also Ramage's (\$1.25), Roe's (\$2), McKenzie's (\$6), Schofield's (\$2), Hunter's (\$1.50), Rolfe's (\$1), and several others which I have never employed. All are good, but after having used Kirkwood's one will not desire to change. Closely related is the vaporizer. I have never used any other than Page's (\$1). It is useful in disseminating the vapors of cresolene and other remedial agents, and consists of a plain tin cup mounted over a lamp or gas jet ingeniously contrived. It neutralizes contagia, is hygienically useful, and is in short a wonderful mode of medical treatment. Its purchase "pays," as the Yankees phrase it.

##### XVII. URINE-TEST APPARATUS.

An apparatus for urinary tests may be extemporized or purchased complete. Of the latter there are Flint's (\$25), so constructed as to hold forty-five dollars' worth of reagents, Roberts's (\$25), Piffards (—), Vance's (\$6). For my part I prefer to arrange a set myself, and I believe many will agree with me. The question arises as to what should constitute an extemporized apparatus? I should arrange one something as follows: A plain table or shelving, stand and twelve test-tubes, spirit lamp or Bunsen burner, two burettes and stand, ten beakers, water-bath, filter, retort-stand, measuring-flask, six flasks, urinometer, specific-gravity bottle, six graduates, urea-tube, litmus paper, four or six pipettes, Trömmmer's scales, wire supporters, bottles, acid-jar, six watch-glasses, spoons, tubing, index-book, brushes, wire gauze, evaporating dishes, glass rods, and a piece of platinum. More expensive apparatuses can be arranged, but twenty dollars, or even ten, ought to furnish a first-rate case of apparatus.



## XVIII. THE POCKET MAGNIFIER.

In completing a diagnosis of some of the more obscure skin-diseases, and as a diagnostic agent having a certain individual province, the pocket magnifier may claim a place in the armamentarium. We do not always have the microscope at hand, and moreover the magnifier can do some plain work that the microscope can not. It is cheap, valuable, and should be found in every physician's pocket. Meyrowitz, of New York, makes some of the prettiest that can be found, and sells them with one, two, or three lenses folding in a hard-rubber case for fifty cents to \$1.50.

## XIX. THE VACCINATOR.

The good Jenner would have held up his hands in astonishment had he seen some of the vaccinating scarificators that are sold in all our instrument stores. The lancet is outdated, and vaccinators are now "the fashion." Vaccine lancets are not in vogue, but they are useful. In their place have appeared the patented vaccinator with its "comb" and long catalogue of advantages. Weir's (\$1), combining lancet and comb is compact and simple. Davidson's (\$3.30) and Tiemann's (\$5) are complicated, and require skill in their use. Teller's (\$2.50) is second cousin to that formidable instrument, Baunscheidt's Lebenswecker, and merits any honor there may be in the relationship. Whittemore's (\$3.50) is used for crusts only. Zirbe's (\$3.50) is said to be efficient. Distinct from the comb or lancet is the vaccinating trocar (\$2.25), and not unlike several needles grouped in trocar-shaping and comb style is the well-known Carroll vaccinator (twenty-five cents). The former I have never used, the latter is gaining in favor. The Carroll instrument is as good as any, if one *will* be "in fashion," but the physician soon learns that fashion is a god who makes foolish exactions at times.

## XX. UTERINE DILATORS.

Instrument-makers have devoted much skill to the invention of gynecological instruments, and among those of this class instruments for the dilatation of the cervix uteri have multiplied until they are legion. Far behind the times is the gynecologist who has not invented one or more, and every one that has been used is "just what the general practitioner wants." There is no reason why the word can not be believed. I have never used any other than Barnes's (set of three, \$4), and am content to believe in them. Lowell has "improved"

on Barnes, and Hanks has a dilator made on the same principle. Both may be esteemed. Others that are excellent are Sims's (\$12), Simpson's (\$9), Emmet's (\$2), Peaslee's (\$6.50), Atlee's (\$2.75), White's (\$4.50), Thomas's (\$5), Vanderveer's (\$5.50), Bozeman's (\$10). We have not space to describe each pattern. All are good. I think that the physician who is provided with Barnes's and White's will consider that he has all the dilators he needs.

## XXI. TENTS.

Formerly the tent had in surgery a place as important as it now holds in obstetrics and gynecology. Now when the tent is spoken of it is in reference to its use in the two latter sciences more particularly. They are variously made of sponge, sea-weed, etc., and constitute an efficient auxiliary to the dilator. The profession seems to have agreed that the sea-tangle tents (*Laminaria digitata*) are the best. These are made solid or hollow, and may be purchased at \$1.75 per dozen. Lussdorff's tupelo tents, introduced to the notice of the profession in 1877, are gaining in favor (price \$2). Sponge tents carbolyzed, at fifteen cents each, or cocoa-butter covered, at twenty-five cents, are popular with some physicians. A very good tent may be extemporized out of slippery-elm bark. As a model tent-introducer, I think Bozeman's (\$2.50) may claim the precedence. Edwards's (\$2.25) is worthy of a trial before it is condemned. Tiemann's tent-expeller (seventy-five cents) is the only one that is worth using.

## XXII. SUSPENSION APPARATUS, ETC.

Five years ago it would have been considered a daring idea for an author to advise the general practitioner to apply the plaster-of-paris jacket in spinal curvature. Latterly, however, opinion has crystallized, so that now the operation has been not infrequently taken out of the hands of "specialists" by country doctors. But the heresy is still in some measure held, and with the idea of dispossessing the professional mind of the mistaken thought that the Sayres and the Grosses must do all the work in applying the jackets, I desire to suggest that in every cabinet a suspension apparatus be found, and that every physician, however obscure, learn the "art" of applying the jacket, and apply it whenever opportunity offers. As is well known, Sayre's is *the* suspension apparatus. The price is \$8. The plaster is sold at two and one half cents a



pound. The muslin that is used is twenty-two cents per yard. The seamless shirts are \$3 each. I do not favor the sending of spinal-curvature patients to the city specialist. Any one can do the operation, and \$10 buys the materials. Bandage shears are had for \$6, \$7, and \$10.

#### XXIII. INSTRUMENTS FOR LACERATED PERINEUM.

Agnew's set of instruments for lacerated perineum have gained popularity through their introduction by Tiemann & Co. It can be purchased for \$24.35; but, dictated by economy, I can not recommend its purchase. For a much less sum all the essentials can be bought and a case extemporized. I would include a pair of Agnew forceps with adjuster, one Ashton's needle, one needle-holder, two coils silver wire, one shot-compressor, pair curved scissors, ten pieces cane, curved needles, twine, and wax. These articles can be had for \$16. Other articles that are needed—as scalpel, suture-needles, silk, artery-forceps, tenaculum, etc.—are to be found in every pocket-case, and need not be duplicated. Other needles than Ashton's, are Skene's, Peaslee's, and Parker's. Otis's perineal tourniquet (\$5.50) may be advantageously used if indicated. Repair of ruptured perineum may involve unseen difficulties, and this part of the armamentarium should lack nothing.

#### XXIV. CATHETERS.

Catheters are cylindrical tubes, made of silver or elastic gum. An enumeration, and much less a description of all the various styles, would be both difficult and hazardous. Years of trial has given Parker's (\$4.50) the precedence over all other silver catheters. It is jointed, as compound male and female, with caustic holder. Gross's flexible (\$2), Hüter's (\$2), Tiemann's (\$3.50), are all in extensive use. Cowan's vertebrated (\$8.50), and several other makes of vertebrated catheter have opponents as well as friends. My experience with them has not been conclusive. Of "retention" catheters, Bumstead's (\$4), Thompson's (\$3), and Holt's (\$1.50), are worthy of notice, if not of a fair trial. Of rubber catheters we have three kinds—French, English, and American—each accurately and differently gauged, and having several individual numbers. Gloss, a well-made eye, and perfect elasticity, are essentials to every rubber catheter—and of rubber catheters there are in number legion. Among these the red soft rubber catheters,

eyed at the end instead of at the side, are calculated to work a revolution in the use of *soft* catheters. There is no pain in their introduction or removal, and they draw the last drop of urine. Caswell, Hazard & Co. sell them at seventy-five cents, and they can not be recommended too highly. Of English catheters, the red olive-jointed (eighty-five cents) are perfection. Of the French (seventy-five cents) there are several makes, all of black gum. *The American catheter* is Tiemann's (seventy-five cents). Unlike the French it has a beautifully-cut "velvet eye," and is held by many to be the coming catheter. Maw, of London, and Caswell, Hazard & Co., of New York, offer the best English olivary catheter; Delamotte's (Jacques) is the favorite French catheter; and the soft rubber instrument (above alluded to) is patented by the Davidson Rubber Co. Any one of the above-named firms is reliable, and gives a good instrument—and it is essential that the catheter should be *good*. One silver and one gum catheter may "do to have," but one of every number will not be too many.

HINSDALE, N. H.

#### LITHOTOMY—SUCCESSFUL CASE.

BY W. M. FUQUA, M.D.

On August 4, 1880, Mr. T. H. Climer, of this county, brought his son Franklin, ten years of age, to my office. He states that the boy has not had good health for five years. The boy walks unsteadily, his gait being somewhat like that of a case of reflex paralysis from genital irritation. He is pale and anemic, and has the appearance of one broken down with malaria; his countenance is anxious and indicative of pain; appetite poor; sleep disturbed. There is complete stilloidism of urine, and frequently there is great pain along the urethral canal, which induces him to pull upon the glans penis. During the paroxysms of pain he frequently has a fecal discharge. In addition to this he has hemorrhoids, which give him some trouble.

Urethral sound No. 7 was introduced under chloroform, which passed with some difficulty. The canal was evidently contracted and somewhat cartilaginous to instrumental touch. This instrument revealed the presence of a calculus of some size.

The boy was placed on general tonic and preparatory treatment for lithotomy, and was remanded to his home.



September 8th I visited Franklin at his home. He is anxious for the operation and wants it done at once. Again he is chloroformed, and we explore the bladder with Sir Henry Thompson's stone-searcher, and for the second time the calculus is made patent.

Four days later I performed lithotomy on the boy, Drs. Hickman, Patton, Dennis, and Clarke being present and assisting. The operation was done, under chloroform, in the usual way, Markoe's lithotomy-staff being used, and the bladder was opened with a narrow lithotomy bistoury. The hemorrhage was very trifling. The calculus removed was of the triple phosphate of lime, and weighed four hundred grains. After the patient was placed in bed one fourth grain of morphia was given hypodermically. No catheter was left either in the wound or urethra, and he was directed to lie on his left side.

The after-treatment consisted in bland and unstimulating diet, together with two grains of quinia and twelve drops aromat. sulph. acid three times a day, together with the most scrupulous cleanliness. The bowels were relieved by an enema on the fourth day. He passed no urine per urethram till the 19th of September, and on the 27th inst. the wound was healed, and the urine flowed *per nat. vias*.

October 8th: Franklin has entirely recovered, and has just begun to go to school.

HOPKINSVILLE, KY.

## Correspondence.

*Editors Louisville Medical News:*

In fulfillment of a promise to keep the NEWS posted as to all items of general medical interest, I think it fitting to report in a brief manner the proceedings of the regular spring session of the Central Kentucky Medical Association. This is one of the most active professional bodies in the State, and the interest which all of us should take in scientific matters is markedly manifested by its membership. It convened in Danville today, and the regular debate was opened with an essay by Dr. George Cowan, of Danville, on the treatment of Typhoid Fever. A brief review of all the methods now employed in all stages of the disease to tide a patient over an attack was given. One feature of the doctor's plan of treatment is advice to withhold active medication until a careful consideration of all the symptoms

appeared to indicate their administration. The indications which Dr. Cowan relies on as demanding the use of stimulants, foods, antipyretics, hemostatics, etc., were clearly and intelligibly stated, and in such a manner as not to lead to error. While in no manner adhering to or claiming superiority for any one plan of treatment, the doctor advises the exercise of an independent judgment, and his own views expressed closely coincide with those of recent British writers. Temperature, pulse, and respiration were relied upon for early diagnosis, for pursuing a definite line of treatment, and as a prognostic, the course of temperature was of more value than any feature of the disease. The practice of giving alcohol indiscriminately throughout, is as likely to prove as ruinous as withholding it when the symptoms demand its use. Each case to be treated on its merits, and the simpler the better. A patient with typhoid fever in the hands of Dr. Cowan would receive the same attention and the same course of treatment as he would under the care of Bristowe, Fothergill, or Sir Wm. Jenner.

In the course of the discussion, Dr. A. R. McKee entertained the society with an informal review of the various phases the treatment had undergone in forty years' practice. It was his opinion that we have the disease with far less frequency than formerly, seldom in an epidemic form, and that it is now earlier recognized. This fact of its gradual disappearance from our practice, save by importation, is to be explained by the substitution of cistern- for spring- and well-water for drinking and cooking purposes. If this is true, and experience of late years manifestly supports this view, the greatest difficulty in the control of its dissemination is overcome. With a few unimportant modifications the doctor coincided with the opinions expressed in the essay. The subject being open for discussion, all the symptoms, complications, opinions of Niemeyer, Liebermeister, and the English authors were generally reviewed.

Dr. Carpenter, of Crab Orchard Springs, spoke of the difficulty of diagnosis between typho-malarial and typhoid fever, and gave it as his understanding that the microscope will readily determine the point, in that a peculiar characteristic pigmentation is found in the blood of typho-malarial, which is invariably absent in typhoid.

We are inclined to believe that Dr. Carpenter's reliance on the state of the pulse for diagnosis, as an indication for a certain



course of treatment, as a means of foretelling the occurrence of intestinal hemorrhage, and other important symptoms, will lead him into error in treatment. If we properly understand Dr. C.'s position, the course of temperature is of less value as a guide to the attendant than the condition of the circulation. It is certain that he did not have the support of the profession in such an opinion.

Dr. Webb, of Bryantsville, related his experience in the management of four cases recently, with a remarkable rapidity of recovery of three of them. In a few words he related that to each of these cases treated he had given a preparation of quinia, dilute phosphoric acid, and glycerin, in no case in which recovery took place was the patient confined more than ten or twelve days. Recovery was satisfactory and complete in this limited period. The question of mistaken diagnosis was then raised, and, we consider, fully sustained.

Cases of interest were reported by several members. Dr. Webb, one of senile gangrene of the foot and leg extending to the knee. Amputation was performed with relief from pain, but death resulted from exhaustion in four weeks. The subject was a robust, strong man, aged sixty-eight years, who had suffered repeated attacks of rheumatic fever.

An interesting detailed account of the symptoms presented in a case of reflex insanity was reported by Dr. Steele Bailey, of Stanford. Melancholia was the form exhibited, the patient, a young lady, aged twenty years, dying in a few weeks after the first symptoms.

Dr. Carpenter, of Crab Orchard Springs, a case of traumatic epididymitis; also one of tenia solium, exhibiting the specimen.

Dr. Webb called for some expression of opinion as to diagnosis and a plan to be pursued in a patient shown to the society who presented the following symptoms: Incessant pain in the right ankle-joint, unbearable at times, and which has been a source of trouble for thirty years. The patient is a farmer, aged forty-five years, and in excellent general health; joint but little enlarged and wasting of muscles to the knee. The man is anxious for an amputation, as he can find nothing to give relief. As much as one and a half grains of morphia hypodermically has failed to relieve.

Taken altogether, the society has never had a more profitable and interesting meeting, and the future is full of promise for vig-

orous activity in the promotion of medical science in our midst.

The midsummer session will be held at Crab Orchard Springs, the third Wednesday in July, when Dr. D. C. Tucker, of Danville, will open the debate with an essay on the Diagnosis and Treatment of Cancer of the Uterus.

Dr. L. S. McMurtry, offered a resolution relative to the death of Dr. R. O. Cowling, which was directed to be sent to the NEWS for publication.

Dr. Cowling was on one occasion the guest of the society, and to it was read for the first time his Aphorisms of Fracture, which have now become classic surgical literature.

D.

DANVILLE, KY., April 20, 1881.

## Reviews.

**A Treatise on Bright's Disease and Diabetes,** WITH ESPECIAL REFERENCE TO PATHOLOGY AND THERAPEUTICS. By JAMES TYSON, A.M., M.D., etc. With illustrations, including a section upon Retinitis in Bright's Disease, by WM. F. NORRIS, A.M., M.D. Philadelphia: Lindsay & Blakiston. 1881. Pp. 312. Price, \$3.50.

There has been of recent years so much discussion about the histology and physiology of the kidney that to be well up in its diseases a practitioner needs to have the latest teachings on the whole subject.

Dr. Tyson was well fitted for the part he has taken. His little work on the Urine is highly esteemed and all his histological studies have brought light to us and credit to himself. In this his best work his previous cultivation comes well into play. He accepts the view that the watery constituent of the urine transudes in the capsule, while the more important excretory solids are separated by the cloudy cells in the different parts of the tubule. The cuts are well executed and fitly placed. Full space is given to the urinary tests, and tube casts. He uses the term Bright's disease for, first, the acute form of parenchymatous nephritis, and, second, for the chronic form of the same condition, for lardaceous disease, and for interstitial nephritis, the two last named being essentially chronic.

The association of diabetes with Bright's disease is a natural one, though not such as a pathologist would be expected to make. If one seeks a practical as well as a thorough treatise, he will not go amiss if he purchases this.



**The Students' Manual of Histology**, FOR THE USE OF STUDENTS, PRACTITIONERS, AND MICROSCOPISTS. By CHARLES H. STOWELL, M.D., Ass't Professor of Histology and Physiology in University of Michigan. Illustrated by one hundred and ninety-two engravings. Detroit: Geo. S. Davis. 1881. Pp. 279.

It would not be fair to compare this manual with the huge tomes of Stricker and Frey. It is quite up to the mark the author set for himself—a cheaper compend to serve as a laboratory guide. The engravings are positive enough for even poor eyes to study, and the *ensemble* creditable alike to author and publisher. The great West is beginning to make its own books, and make them well, too.

**Medical Diagnosis with Especial Reference to Practical Medicine.** By J. M. DA COSTA, M.D., Professor of Practical Medicine and of Clinical Medicine at Jefferson Medical College, etc. Illustrated. Fifth edition revised. Philadelphia: J. B. Lippincott & Co. 1881.

It is enough for us to announce another edition of this standard work. By the re-writing of the chapters on the nervous system and on the blood its value has been much enhanced. Here one can count on getting the latest facts of diagnostic importance put in the most available form for ready reference.

**Manual of the Physical Diagnosis of the Diseases of the Heart**, INCLUDING THE USE OF THE SPHYGMOGRAPH AND CARDIOGRAPH. By ARTHUR ERNEST SANSON, M.D. Third edition. Pp. 300. Philadelphia: Presley Blakiston. 1881. Price, \$2.

This excellent manual, by a writer of acknowledged capacity, has been brought up to the latest requirements by an addition to the old text of a very full exposition of the uses of the sphygmograph and cardiograph. The new matter is clearly set forth and illustrated by numerous cuts.

## Books and Pamphlets.

ANNUAL CATALOGUE OF HARVARD MEDICAL SCHOOL.

PROCEEDINGS OF THE TWENTY-EIGHTH ANNUAL MEETING OF THE AMERICAN PHARMACEUTICAL ASSOCIATION. Report on the Progress of Pharmacy. By C. Lewis Diehl.

WHAT EVERY MOTHER OUGHT TO KNOW. By Edward Ellis, M.D., late Senior Physician to Victoria Hospital for Sick Children, etc.; author of A Practical Manual on the Diseases of Children; etc. Philadelphia: Presley Blakiston. 1881. Price, 75c.

THE SANITARY NEWS: THE HEALTH JOURNAL OF THE MISSISSIPPI VALLEY. R. C. S. Reed, M.D., and C. A. L. Reed, M.D., editors and publishers. Cincinnati: Office, 193 W. Seventh Street.

The initial number of this monthly, just issued, has a very agreeable make-up. We welcome it as a sign of the sanitary movement.

THE TEXAS MEDICAL AND SURGICAL RECORD: A Monthly Journal devoted to Medicine and Surgery. C. H. Wilkinson, M.D., editor. Official Organ of the Texas State Medical Association. Galveston: Published by Texas Medical Publishing Company, N. W. cor. Nineteenth and Winnie Streets.

No. 4 is the first copy we have seen. It contains a number of valuable contributions to medical literature, and shows that medicine in Texas is up with the progressive spirit of that great Southern State. A striking feature of the Record is the announcement that it is the organ of the Texas State Medical Association. We wish it success.

THE METRIC SYSTEM IN MEDICINE: Containing an Account of the Metric System of Weights and Measures, Americanized and simplified; a comprehensive Dose-table; and three hundred Practical Illustrations of Metric Prescription-writing, selected from Recipes in actual Use in Hospital and Outdoor Practice. By Oscar Oldberg, Ph.D., Med. Purveyor U. S. Marine Hospital Service; Professor of Materia Medica in National College of Pharmacy; Member of Sixth Decen. Com. Rev. of U. S. P. Philadelphia: Presley Blakiston, 1012 Walnut Street. 1881.

This handbook is called for by the fact that the new edition of the Pharmacopeia is arranged on a system virtually the same as the metric, i. e. parts by weight referring to one unit. It is all that the title sets forth, and more, and is by odds the best manual on the subject that we have seen.

## Pharmaceutical.

MR. A. C. HARRIS, of Louisville, has recently patented a rubber cap and clamp for making the Faradic battery-cell water-tight. The device is simple and effective, and not easy to break or get out of order.

For the practitioner who wants to carry his electric apparatus with him this is of great advantage, preventing the acid from slopping over the metallic posts and joints. In the Harris battery the bearings of the breakpiece, usually the only part needing much attention, are easy to take apart and clean. His arrangement of the coils admits of gradual changes in the current-strength, thus enabling the operator to increase the power up to the desired point without any shock. It will be found on trial to be handy year in and year out, and always ready after a few manipulations to do the work required of a Faradic battery.



Formulary.

RHUS AROMATICA IN GONORRHEA.

Dr. J. C. Spiegel reports, in *Therapeutic Gazette*, a case of gonorrhea successfully treated with the following:

R Ext. rhus aromat. fluid. } aa fl.℥ ss; 16.00 Gm.;  
Glycerinæ..... }  
Aquæ..... ℥ j; 32.00 "

M. Sig. For injection three times daily after urinating. Relief was immediate and cure complete.

HAGER'S PRESERVING FLUID.

Acid salicylic..... ℥ iv; 16.00 Gm.;  
Acid boracic..... ℥ v; 20.00 "  
Potass. carb..... ℥ j; 4.00 "  
Dissolved in hot water... ℥ xijss; 400.00 "  
Glycerin..... ℥ v; 20.00 "

M. and add oil of cinnamon, oil of cloves, each three drams, dissolved in twelve and a half ounces of alcohol. It is non-poisonous and has no unpleasant odor.—*Buffalo Med. and Surg. Journal*.

A NEW APPLICATION OF GLYCERIN.

Many patients complain that they lose their appetite on taking cod-liver oil. In such cases M. Larmaude recommends that the following formula be substituted:

Pure glycerin..... 300 parts;  
Tincture of iodine..... 39 drops;  
Potassium iodide..... 0.30 parts.

A teaspoonful may be taken before each meal. The appetite quickly returns and constipation ceases to be felt. In the case of delicate patients thirty drops of syrup of mulberries or raspberries may be added.—*Le Progrès Médical; Practitioner*.

A GOOD COUGH-MIXTURE.

R Fl. ext. Jamaica dogwood, }  
Fl. ext. cinchona..... } aa fl.℥ ss; 16.00 Gm.;  
Syr. lactucarium..... }  
Syr. senega..... fl.℥ ij; 8.00 "  
Syr. ipecac..... }  
Ac. hydrobromic..... } aa fl.℥ j; 4.00 "

M. ft. solut. S. Teaspoonful as often as may be necessary to quiet cough.—*Southern Practitioner*.

THE TREATMENT OF ANOREXIA.

M. Huchard has had frequent opportunities of administering the following prescription to patients in whom it is necessary to stimulate the appetite:

Water ..... Gm. 250 (℥ viij);  
Peppermint water..... }  
Tincture of gentian..... }  
Tincture of bitter orange } aa Gm. 10 (℥ ijss);  
peel ..... }  
Tincture of stellate anise }  
seed..... }  
Compound tincture of car-  
damoms..... Gm. 3 (℥ xlv);  
Bitter drops of balsam..... Gm. 2 (℥ ss).

Filter. A teaspoonful to be taken after each meal.—*Le Progrès Médical; Practitioner*.

SALICYLIC ACID AS A FOOT-POWDER.

As a protection to the feet in the Russian army salicylic acid is used. It is in the shape of a powder, and is a great preventive against perspiring and sore feet:

Acid salicylic..... 3 parts;  
Amylum ..... 10 "  
Powder of talcum..... 87 "

It is applied dry; on a march, daily; in garrison, every two or three days. It takes off the irritating influence of the perspiration of the feet, and prevents in consequence the soreness. In the Italian army aniseed is similarly used in hot weather.—*Med. and Surg. Reporter*.

FOR ACUTE CATARRH.

Dr. T. F. Houston recommends for fresh cold in the head, accompanied with obstruction of the nasal passages:

R Carbolic acid..... ℥ j; 4.00 fl.Gm.;  
Absolute alcohol..... ℥ ij; 8.00 "  
Caustic sol. of ammonia... ℥ j; 4.00 "  
Distilled water..... ℥ iij; 12.00 "

Mix. Make a cone of writing paper; put a small piece of cotton in it; drop on the cotton ten drops of the mixture, and inhale until all is evaporated. Repeat this every two hours until relieved.—*Southern Med. Record*.

OINTMENT OF WORMWOOD.

In reply to the inquiry regarding this preparation, Dr. R. Smith, Milford, Ill., kindly sends us the following note:

Ointment of wormwood, which I consider one of the best dressings extant for foul ulcers or for fresh cuts, is made as follows:

Wormwood-leaves ..... 15.0;  
Lard ..... 35.0;  
Camphor ..... 5.0;  
Opium, in powder..... 1.0;  
Glycerin ..... 15.0;  
Petroleum ointment..... 30.0.

Add the wormwood to the lard and fry together for about one hour, and strain. Triturate together the camphor, opium, petroleum ointment; and when the lard is sufficiently cooled mix all together, adding the glycerin, and stir the ointment until cold.—*Pharmacist and Chemist*.

NIGHT-SWEATS.

R Acidi sulphurici..... ℥ ijss; 10.00 Gm.;  
Tinct. opii..... ℥ j; 4.00 "  
Syrupi aurantii..... ℥ j; 30.00 "  
Aquæ, ad..... ℥ viij; 240.00 "

Sig. Two tablespoonfuls three times a day.—*Farquharson*.

The above prescription is also very useful in summer diarrhea, and as a prophylactic against painter's colic.—*Medical Gazette*.

DYSPEPSIA.

R Rennet wine..... O j; 474.00 fl.Gm.;  
Tinct. nux vomica..... }  
Nitro-muriatic acid, dil. } aa ℥ ij. 8.00 "  
Subnitrate bismuth..... }

M. S. A tablespoonful half hour before meals, in water.—*Independent Practitioner*.



## Miscellany.

THE Canada Lancet, in commenting on a recent editorial in the New York Medical Record on Quackery and the Religious Press, says: The evil is just as great on this side of the line as on the other. Our religious journals teem with advertisements of consumption-cures, cancer-cures, liver-pads, female-regulators, familines, spermatorrhines, etc., *ad nauseam*, many of them bolstered up by flattering testimonials from clerical gentlemen. Can any thing be more humiliating or more inimical to the advancement of truth and righteousness among the people than the continual propagation of falsehood by those very journals whose sacred office should be the dissemination of truth? No well-educated and intelligent person can read over the glowing announcements of some of these great "cure-alls" without coming to the conclusion that they contain many exaggerations and falsehoods which to ordinary mortals might pass for truth, and more especially because they may have read them in a religious journal. Is it therefore Christian-like that, for the sake of "filthy lucre," the editors of religious papers should become the instruments through which the patent-medicine vendors may not only deplete the purses but also in many instances imperil the constitution of those who are accustomed to look to them for spiritual and temporal advice? We conclude by entering our emphatic protest against the advertisement of quack nostrums in religious journals, and hope to be sustained in our action by the voice of public opinion and the good sense and Christian spirit of a certain class of religious journals.

TO DETECT BILE IN URINE.—To one fluid dram of urine in test-tube (Masset, in *Ap. Zeit.*) add four to five drops of concentrated sulphuric acid and a small crystal of nitrate of potassa. If bile be present in not too small a quantity, emerald green stripes will arise from the edges of the crystal. On shaking, a green color, more or less intense according to the quantity of bile present, will be developed.—*Leonard's Illus. Med. Journal.*

[Masset says that this is more delicate than the ordinary nitric- and muriatic-acid tests.]

PHILADELPHIA'S new "Medico-Chirurgical College" is run on the three-years' graded plan, with annual examinations. The fees are at the highest mark—\$140.

ANTISEPTIC TREATMENT OF ENTERIC FEVER.—In the British Med. Journal Dr. J. E. Shelly reports early and rapid fall of temperature, retardation and steadying of the pulse, improvement in stools, cleaning of tongue, early removal of abdominal tenderness, refreshing sleep, and remarkable general comfort, without complications, in a series of cases of typhoid fever treated by the formula of Rothe, somewhat modified. He gave every two, three, or four hours a draught containing one or two minims of carbolic acid, one to three minims of tincture iodine, half a dram of simple syrup, and an ounce of lemon-water till apyrexia was produced, and after that at longer intervals for several weeks. Like Dr. Rothe, he has had good results from the same combination in choleraic and autumnal diarrhea and diphtheria.

CURE OF GOITER BY FLUORIC ACID.—Dr. Edward Woakes gives, in the Lancet, a detailed account of a number of cases of goiter cured by fluoric acid internally. He begins treatment with fifteen minims of a one-half-per-cent dilution of the acid three times a day, and, if necessary, increases the dose to twenty, thirty, forty, or even seventy minims, and extends the time to several months. His results are quite remarkable, even in cases that had resisted iodine, bromine, iron, etc. In a few it was conjoined with injections of tinct. iodine. Very few failed to be reasonably benefited, and in eighty-five per cent the cure was decided.

RADICAL CURE OF RUPTURE.—The secret method of cure practiced by Dr. George Heaton successfully in one hundred and forty cases is now, after his death, published by Dr. J. H. Davenport. He injected extract of quercus alba into the hernial canal outside the peritoneal sac, to excite a mild degree of irritation in the tendons and fasciæ, so as to lead to contraction. No fatal results followed nor any serious complications. It often cured, and when it failed great relief was obtained, so that a light truss sufficed to support the protrusion.

PHOSPHORUS AS A PREVENTIVE AGAINST INFANT DEFORMITIES.—The last use of phosphorus is to prevent infant deformities. A woman in England, who had given birth to three children in succession with club feet and other deformities, took phosphorus during her fourth and subsequent gestations, and bore well-formed children.—*Pac. Med. and Surg. Jour.*



**ANESTHESIA BY CHLORAL.**—M. Bouchut publishes in the *Paris Médical* a case of thoracotomy in a child six and a half years old with anesthesia by chloral. M. Bouchut gives chloral in doses of from two to three grams,\* according to the age of the patient and in a single dose. He asserts that it is a perfect anesthetic without any disagreeable result, and that he has administered it in this way in more than ten thousand cases. Anesthesia by chloral renders operations very easy in children who move about, struggle, and incline the vertebral column toward the side which is to be operated on. The anesthetic sleep overcomes this resistance, sometimes so difficult to conquer, especially in children on whom the same operation has been performed more than once. When the little patient awakes at the end of three hours he is ignorant of what has been done to him, and finds himself relieved without experiencing any unpleasant sensations.—*British Med. Journal*.

**MISS ADELAIDE NEILSON—CAUSE OF HER DEATH.**—Dr. W. E. Johnston, of Paris, who frequently attended Miss Neilson during attacks of illness, states that the disease from which she suffered was principally gastralgia, dependent quite as much on moral causes as on errors in diet. In her last fatal attack, during a most violent recurrence of pain, she suddenly ceased to complain, went into a state of syncope, and died in the syncope. The post-mortem examination made the next day disclosed the extraordinary fact (one of the rarest in the history of medicine) that in her writhings she had ruptured a varicose vein in the left fallopian tube, and had died from internal hemorrhage. Two quarts and a half of blood were found in the peritoneal cavity, and the ruptured vein presented an orifice of from four to five millimeters in diameter.—*Maryland Med. Journal*.

**PASTEUR** has made a discovery of importance in the etiology of disease. By inoculating rabbits and guinea-pigs with the saliva of children recently dead of various diseases a disease was engendered fatal in thirty-six hours after inoculation. In their blood he found bacteria somewhat peculiar, neither these organisms nor the symptoms indicating septicemia. The saliva of adults did not give the same results.

**PLAGUE** has appeared in Mesopotamia and yellow fever in Rio Janeiro.

\*A gram is 15.432 grains.

**THERAPEUTICS OF ANEMIA.**—In his Gulstonian Lectures upon Anemia, Dr. Sidney Coupland showed that iron acted with great rapidity in enriching the blood with corpuscles. He has found arsenic in some instances more efficacious than iron, and as a hematinic ranks it next to that metal. Phosphorus had been given with benefit to a case of idiopathic anemia. Quinia, strychnia, and the mineral acids were of value as aids to iron. Manganese is a dead failure. Oxygen increases appetite and assimilation, but is not hematinic directly. Transfusion, as a last resort, must be used in pernicious anemia before the patient is very far gone. He thought well of the use of defibrinated blood by the rectum systematically.

A LONDON chemist was suspected of selling drugs for the purpose of procuring abortions, and a policeman undertook to procure evidence against him. For this purpose he called, in citizen's dress, upon the chemist, and represented that a friend of his was in difficulty, and he wanted something to aid her. The druggist wanted to see the woman, and accordingly a female *attaché* of the force accompanied the policeman, and the desired material was procured. The grand jury found a true bill against the chemist, also a bill against the police for conspiracy. The result is not yet determined.—*Boston Med. and Surg. Journal*.

"How SHALL the doctor make more money?"—*Southern Clinic*.

By discarding such euphuistic terms as "clientele," "pecuniary acknowledgement," etc.; doing more business, and *demanding* payment from his *employees*.—*A sister medical journal*.

[Well, now, that is a good suggestion; but who are the doctor's employees? His office-boy and washerwoman, perhaps, if he can afford such luxuries; but where is the doctor who would be mean enough not to give them medical advice without *demanding pecuniary acknowledgement*?]

It was a beautiful conceit of the physician's little daughter, whose father had induced her to take quinine pills by representing them as humming-birds' eggs. When the drug began to produce its characteristic effects in the ears, the child ran to the parent in great glee, saying that the eggs had hatched, and that the little birds were singing in her ears.—*Monthly Review of Med. and Pharm.*



## Selections.

**Catarrhal Gland-fever.**—Dr. Engel, of Philadelphia, in the Boston Med. and Surgical Journal describes under this name (nine cases of which he has seen) a disease of the lymphatic glands which he believes to be independent of syphilitic or scrofulous dyscrasia. We have seen one case in which most of the symptoms described were present, none of the glands going to suppuration. Dr. Engel says:

A person previously, as a rule, in perfect health has, after an exposure to cold and damp, chilly sensations, which are followed by increased temperature, fever, and a rapid pulse. Digestion is disturbed; the bowels are sluggish; the urine is highly colored and very acid. From the very beginning of the complaint the patient has pains all over, but especially in and near the inguinal regions; and most of the superficial inguinal and a few of the superficial abdominal glands on both sides of the body are enlarged and painful. One or two of the first named, on either the right or left side, are more inflamed than others, and the integument over them is reddened. All these symptoms continue for about three to five weeks, when one or two of the glands mentioned last suppurate. A day or two later the fever and the digestive disturbances commence to decrease, and then rapidly disappear, leaving the patient in a debilitated condition, from which he only recovers slowly. The weakness in the lower extremities is especially apt to remain a long time. The glands return only very gradually to their normal size, and if the individual affected with this disease has been debilitated before from any cause whatsoever, or if he be a scrofulous subject, then the illness becomes a much more protracted one, as one after the other of the previously enlarged glands will suppurate. While the glands on both sides are affected, only those on one side are apt to suppurate. No other glands of the body except those alluded to are ever attacked in this complaint.

The disease can not be mistaken for any other. The fever and the early acute symptoms, as well as the history of the case, distinguish it from simple scrofulous enlargement and suppuration of glands. The fact of the exposure and the number of glands involved separate it from the hubo of syphilitic or blennorrhagic origin. In lymphadenoma the number of white corpuscles is increased, which is not the case in the disease here described. No other complaint could possibly be taken for the latter.

As regards therapeutics, Dr. Engel's experience has taught him that there exists no abortive treatment of any kind. The disease will run its course, and we can only try to prevent suppuration of more than one gland, to hasten absorption of the morbid products of the others, and to accelerate convalescence. The first object we reach best by keeping the patient in bed till we can be reasonably sure that no more glands will suppurate. He applies, from the first day, hot poultices to those glands which seem doomed to break down, and sprinkles over each cataplasm the undiluted liquor plumbi subacetatis, to lessen inflammation of the surrounding tissues. All other glands he paints twice daily with the tincture of iodine, till they have been reduced to their normal size. Absorption is further accelerated by bandaging both legs from the knees up, and including the abdomen in the bandaging. The patient is put on an easy digestible but

nourishing diet; his bowels are kept open by an occasional blue pill, followed by a saline, and internally he employs throughout the disease the mineral acids, a favorite prescription of his being—

R Acidi muriatici diluti..... fl.℥ ss;  
Tinct. nucis vomicæ..... fl.℥ j;  
Aquæ destillatæ..... fl.℥ ivss;  
Syrup. rubi idæi, q. s. ad..... fl.℥ vj.

M. Sig. A half ounce every fourth hour.

If the fever is high, he gives every second day a single dose of fifteen or twenty grains of quinia in mineral lemonade, the single large dose having a far more favorable influence on the disease than often repeated small doses of the same remedy. The body is twice daily sponged off with tepid water. As soon as the tongue is clear and the fever has subsided, he prescribes the syrup of iodide of iron in twenty-five-drop doses three times daily. Abscesses are treated surgically. The moment we attack the glands more vigorously, to hasten either suppuration or absorption, we only prolong the case. In this disease the doctor as well as the patient must have patience. Iodide of potassium and iodoform are useless; mercurial preparations do harm; jaborandi or other diaphoretics debilitate without any benefit, and a tonic treatment with iron, etc., from the beginning, only disturbs digestion more. The best plan to follow is to tell the patient, on the first day, that if he wants to be able to attend to his business again within six weeks—the shortest possible time—he must stay in bed at least a month, and then act according to the rules laid down.

**A Summer in Italy.**—David Young, M.D., in No. 4 of his papers called A Summer in Italy, thus discourses on the advantages of Abetone as a summer resort for invalids (Practitioner):

I have visited almost every well-known spot likely to furnish a summer quarter, in Central and North Italy, but nowhere did I find a climate superior to that of Abetone, or a place surrounded by more beautiful scenery. Besides the matter of climate, there are other considerations which give value to Abetone as a summer residence. It is of easy access from any part of Italy. It affords abundance of the most perfect shade, and the number of walks in the pine-forests is endless. The roads are all kept in excellent order, and pleasant drives can be taken to Cecchetto on the one side, and Fiumalbo and Pieve à Pelago on the other side of the pass. . . .

We now come to consider briefly the class of invalids likely to receive benefit by a summer sojourn.

While Abetone has many attractions for those who are healthy and strong, affording as it does most delightful excursions among its mountains and valleys, for the Alpinist, botanist, and geologist, it has also one or two elements in its climate which give it importance as a place which may prove serviceable to certain classes of invalids. These elements are *coolness*, *dryness*, and *purity* of air, and abundance of sun; and valuable as these atmospheric conditions are, their value is increased by being on the south rather than the north side of the Alps. This latter remark is especially true in regard to invalids suffering from affections of the respiratory organs. Much has been written lately upon the subject of high altitudes in the treatment of phthisis, and numerous climatological tables have been published, varying very much in the opinions deduced from them. For instance, it has been stated that the inhabitants of alti-



tudes above five thousand feet enjoy a remarkable immunity from this terrible disease, and it has also been remarked that there is some connection between this immunity and the type of vegetation occurring at those heights. It is said, for example, that *beech* ceases to grow at a height of four thousand to four thousand five hundred feet, and that the line above which this tree will not grow is also the line where consumption ceases to appear, or at all events occurs very rarely.

To account for this apparent feature in the history of phthisis, two reasons have generally been given: 1. Diminished barometric pressure; 2. Coldness and dryness of air. Recent observations made in Switzerland have pretty clearly shown that these views are untenable, and I have myself seen stately beeches growing at a height of over five thousand feet, and cases of phthisis not at all rare among the people of the district. It appears to me that too much has been made of mere thermometric and barometric observations in recent discussions upon this important subject, to the oversight of other and more practical matters. We need to know more of the experience of patients themselves, of the effects of high mountain climates upon their digestive, respiratory, and circulatory systems. It is an ascertained fact that the relation between the amount of air *taken into* and the amount of carbonic acid *exhaled from* the lungs is not the same if the patient be on the top of a high mountain instead of being at the level of the sea, and the results of this difference are important in their effects on the body. The experience of individuals if carefully examined and recorded, would doubtless throw considerable light upon this subject. Then there is the quantity of carbonic acid in the air itself. Contrary to the views of old observers, it is now found that the amount of carbonic acid in the atmosphere diminishes as we ascend, while sunlight is a powerful factor in the production of carbonic acid in the animal economy. In persons of low vitality, in phthisis and in anemic conditions, these are matters of the highest importance. Generally speaking, the climate most suitable for consumptive cases appears to be one having a temperature of fifty-eight to seventy degrees during the day, and forty-eight to sixty during the night. As near as possible Abetone possesses such a climate.

**Stethometry in Denmark.**—Dr. Brachmann, of Copenhagen, who is director of a medical gymnastic institution to which a number of young, anemic, slender girls are brought from the age of nine to fifteen or sixteen years, has generally found in these subjects an arrest of development in the thorax, as well as insufficiency of the respiratory movements (*Med. Times and Gazette*). He therefore proposed to himself the question whether it was not possible to develop the respiratory organs by the application of methodical and judicious gymnastics of the respiration pursued for a certain time, and also whether there were any means of verifying this development. If the results were successful he thought the plan would furnish a prophylactic against phthisis, to which disease a greater or less number of the young patients would be liable sooner or later. In a series of investigations made by the aid of the spirometer and the stethometer, Dr. Brachmann examined the vital capacity of the lungs and the space occupied by the movements of the thoracic cavity during respiration, his researches being conducted on healthy subjects of different ages and of both sexes, and also on phthisis-

ical subjects in different stages of their disease; and he has compared the results thus obtained in a series of tables (*Nord. Med. Arkiv*). The general conclusions he draws are important, and they are chiefly as follows: However great may be the differences in healthy subjects, the stethometric measurements are, as a rule, greater in every direction than in the phthisical, even in the incipient stage of the disease. The stethometric and stethoscopic results do not always agree, the latter only showing the presence of alterations in the apices of the lungs, while stethometry shows a notable diminution of the whole space of the pectoral cavity; but, on the other hand, the discovery by the stethoscope of considerable alterations of the pulmonary tissue has always agreed with the stethometric indications. In certain cases stethometry is capable of discovering incipient phthisis before this can be done by the stethoscope. As a result of his tabulated researches, including the history of one hundred cases, Dr. Brachmann shows that, with few exceptions, the young girls under his treatment improved both in respect to the vital capacity of the lungs and in the dilatation of the respiratory surface of the thorax, so that children often entered the institution as abdominal breathers and went out as thoracic breathers.

**The Treatment of Bright's Disease.**—Dr. W. T. Gairdner, devotes a long article to this subject, having special reference to the employment of diuretic remedies. He refers to the elimination or evacuant method of Osborne, in which the skin was powerfully acted upon; and says in regard to it that he believes the care of the function of the skin within reasonable limits to be exceedingly important, and the means proposed for exciting its activity in transpiration well adapted for the purpose. Moreover he is not opposed to the specially English practice of using strong purgatives; but he ventures to affirm that these means do not need to be employed merely to save or spare the kidney, and that the employment of the milder diuretics, even when not *per se* effective or sufficient, is by no means to be avoided or in most cases postponed to other methods of treatment. In other words, he holds as the result of simple clinical experience, apart altogether from theory, that diuresis in Bright's disease is not a thing to be avoided, but to be promoted if possible, and therefore that diuretics *per se*, so far from being proscribed, should in most cases form a part of all good treatment, even of the acute and subacute forms; and further, that diuresis is commonly at once the index and the result both of successful treatment by other therapeutic methods and of the spontaneous resolution of the disease. His experience entirely confirms the early statement of Christison, that when the more mild saline diuretics can be brought to act at all in renal diseases they by no means tend to increase but rather greatly to diminish the proportion of albumen in the urine, while the total excretion of the normal solids is notably increased.—*Glasgow Med. Journal*.

**Scarification in Acute Tonsillitis.**—This is a simple procedure, which at once relieves the dangerous congestion and inflammation, and affords the patient decided comfort. All that is necessary to be done is to take a sharp-pointed instrument, like a tenotome or bistoury, and puncture the parts or make a few superficial incisions. Having depleted the parts thoroughly, we then make free use of ice both internally and externally.—*Southern Med. Record*.



# LOUISVILLE MEDICAL NEWS.

*"NEC TENUI PENNA."*

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No. 20.

J. W. HOLLAND, A. M., M. D., . . . . Editor.

H. A. COTTELL, M.D., . . . Managing Editor.

## IS QUINIA ABORTIFACIENT?

This question has been put by our correspondent in another page.

For a score of years it had been bandied about in both hemispheres, and was for a time lost to sight, until a few months ago an East Indian correspondent of the *Lancet* tossed it into the arena of discussion for a new round. Much evidence has been brought forward *pro* and *con*. It was a common belief in Italy in the time of Torti that large doses of quinia did cause abortion. Petitjean, who had large experience in a marshy district, took the same view. Rancillia stated that in his practice as veterinary surgeon he had frequently brought on labor-pains in bitches, even when ergot had failed, by giving small doses of quinia at short intervals. On the other hand Trousseau says the French physicians in Africa proved that the real cause of the abortion occurring near paludal lands was the malarial intoxication and not the quinia. According to Stillé, fatal doses of quinia given to a gravid cat fail to affect the uterus.

About ten years ago the American Practitioner solicited communications upon this subject, and for a time it was kept in the air, like a shuttlecock, buffeted by this side and then by that. In Wood's Therapeutics will be found a summary of the testimony at that time forthcoming, the analysis of which led to the following conclusions: 1. "That quinia has no power to originate uterine contractions in the pregnant wom-

an;" 2. "That, though there is some reason for believing that in labor full doses of it (ten to fifteen grains) do act as stimulant to the pains, yet the question must be considered *sub judice*." In the third edition it is stated that the evidence since adduced has settled the second subquestion in the affirmative.

Notwithstanding the popular acceptance of the adage that "two of a trade can never agree," there is a general agreement in this section that malarial fever is more to be feared as an abortifacient than is quinia. The editor has given it repeatedly in intermittent fever and masked malarial diseases, in full doses, without harm to the pregnant woman. Even when the fever had brought on labor-pains he has seen it arrest the paroxysms of pain as well as the course of disease. It must be confessed, however, that morphia was usually given with the quinia as an adjuvant to quiet the pains, and doubtless had some controlling influence over the oxytotic tendency which quinia has often exhibited after labor has begun. If the editor were to depend solely on his own experience, limited to a malarious region, he would come to the conclusion that while it is not usually to be feared as an abortifacient, yet it is a most reliable oxytotic.

In this last respect it has a wide repute. According to leading accoucheurs in eastern cities, its action is prompt and certain. Trousseau mentions a thesis of M. Barthare's in which many observations from all parts of the world were quoted to the effect that for uterine inertia and postpartum hemorrhage quinia was a remedy to be depended upon. Dr. John Lewis gave large doses in all cases



of labor with rigid cervix, and expected softening and regular contractions as surely as he expected stools after giving jalap. In lingering labor due to exhaustion it is a common practice in this neighborhood to reanimate the uterus with ten-grain doses of quinia. It can not be doubted that in very many cases strong expulsive pains are aroused and the hemorrhagic tendency checked by its timely use. On this account it is well to state that, when labor has set in, quinia given without an opiate as a guard may increase the parturient effort.

Within the past week the editor administered to a patient pregnant at the eighth month one half dram of quinia, with two grains of extract belladonna, in the twenty-four hours, with no other result than that of relieving the obstinate neuralgia for which it was given. On the other hand, the conflicting testimony is sufficiently strong to warrant the suspicion that sometimes, when quinia has been administered alone in large doses to women whose proneness to abort has been increased by the malarial cachexia premature pains have been brought on. This suspicion crops out in the prescription.

The combination mentioned by our correspondent is one employed by many cautious practitioners of our acquaintance. Morphia certainly does control any abortifacient power quinia may have, and favors its antiperiodic action as well. Belladonna appears to have a like corrigent action.

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AS NEAR as can be made out at this distance and present writing, the Medical College Association is "still in the ring." In the race for the biggest matriculation-list the New York colleges are handicapped by the regulations of the Association, and incontinently drop them even at the risk of being ruled out of the lists hereafter to be made of those true friends of the profession who at the crisis held fast to the principles of reform. With the mortification of a child ashamed of his mother, many an alumnus shall hereafter turn from an alma

mater capable of such defection to put his affections where his respect is won.

Prof. J. M. Bodine, of the University of Louisville, the organizer of the Association, has at last plucked the bright honor of the presidency. Professor Briggs, of Nashville, is vice-president, and Prof. Connor, of Detroit, secretary and treasurer. Three zones of the prosperous and self-reliant West are here represented. It may signify to the world that the empire west of the Alleghanies is strong enough to work out its salvation alone.

The "perennial praise of wise men" shall be the reward of those who stand loyal to their highest convictions in this matter.

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## Original.

### DANGERS ATTENDING THE USE OF VAGINAL INJECTIONS.

BY J. A. STUCKY, M.D.

The frequent use of vaginal injections, the ignorance with which they are used, and the danger following, has led me to ask space enough in your journal to give notes on some cases that came under my treatment. I presume there is nothing so commonly used by women as the *syringe*. It is kept for cleanliness, for conveying astringents to the vagina and uterus, for leucorrhea, and for the prevention (so called) of pregnancy. The syringes made for this purpose are numerous, and none of them, save one, that I have examined, are suited for the purpose. It is astonishing how much ignorance there is among those who are accustomed to use the syringe, in regard to its use. My attention was first called to the subject by an article in the *Obstetrical Journal*, in 1876, on *Progress of Gynecology* in 1875, by Dr. Mundé. Later, in the same journal—January, 1880—is an article by Dr. Duane B. Simmons, on *An Occasional Danger of Vaginal Injections*, illustrated by two cases coming under his treatment. I herewith present the history of three cases occurring in my practice.

CASE I.—Mrs. K., white, aged thirty-two years, mother of two children, both grown, small frame, delicate, of nervous temperament, applied to me for treatment of leucorrhea. Has been troubled with leucorrhea



and hysteria for six years. Birth of last child was followed by ulceration of cervix uteri. She was pale, anemic, and nervous. I gave a tonic of iron, quinine, and malt, and the bromides of potassium and sodium, to relieve nervousness. Ordered frequent injections of warm water and tannic acid (3i to Oj) for relief of the leucorrhea.

Two days after this I was hastily summoned to see her. Found her in convulsion, very pale, and pulse beating 130 per minute. I administered chloroform for the relief of convulsion, and gave bromide of potassium and ext. valerian. A few hours after I left the house I was again summoned, and found her suffering with intense pain in lower part of abdomen. For the relief of this mustard fomentations were applied and a hypodermic of morphia given.

Next day she was better, suffering no pain, pulse good, no fever. She said the leucorrheal discharge had increased and she suffered with something like "after-pains." I paid little attention to this, and directed the bromides and valerian to be continued, and frequent injections of warm water into the vagina. About two hours after I left I received word to come at once, as my patient was thought to be dying. On arriving I found her presenting symptoms that were alarming. Pulse at the wrist was scarcely perceptible, hands and feet were cold, thighs drawn up, and muscles contracted; respirations short and superficial, countenance anxious, and intense pain over the uterus.

On inquiring into the cause of the trouble, I learned that immediately after using the syringe she had these terrible pains to come on. Upon making a vaginal examination I found a partially-prolapsed uterus, with a wide palutous os. I now for the first time suspected the real cause of the trouble—viz. that some of the water had been forced into the uterus, thus giving rise to the suffering—and ordered a discontinuance of the injections. All the distressing and alarming symptoms disappeared in about forty-eight hours under the influence of opiates and warm fomentations. The syringe used was an ordinary Davidson's.

CASE II.—Mrs. C., white, aged twenty-five, married five years, no children. Has had prolapsus uteri for four years. She is pale and anemic; has pains in back and loins; headache; no appetite; very nervous and excitable; is troubled with leucorrhea. Gave her a tonic consisting of iron, strychnia, and maltine, and ordered an astringent injection for the relief of leucorrhea. She

said—to use her own words—she could not use the syringe, as it always caused her to have severe cramps in her womb for two or three days afterward. The syringe she had used was the Davidson. I got the "household syringe" and plugged the central aperture, and after some persuasion in order to overcome her fears, she consented to use it. The result was very satisfactory. The prolapsed uterus was partially relieved by the use of Fowler's pessary. The tonic of maltine was continued, and in three months she was attending to her household duties, and had gained twenty-two pounds. The leucorrheal discharge has greatly diminished. The syringe is used twice a day, with an astringent solution, and no unpleasant symptoms follow.

CASE III.—Maria C., colored, aged thirty-seven, married, tall, anemic, two children. Was called in haste at midnight. Found her lying on the floor, with quick irregular pulse of 130 beats per minute; respiration greatly labored; abdomen tympanitic and very sensitive; thighs flexed. Muscles of the legs and abdomen were very much contracted. Feet and hands were very cold, and bathed with clammy perspiration. After using a hot bath, applying mustard plasters to the extremities, and giving hot drinks, she became easier; muscles relaxed and she got warm. She was placed in bed, and one quarter grain of morphia administered hypodermically. Examination revealed tympanitic resonance, and exquisite tenderness over uterine region. An attempt was made to make a vaginal examination, but it could not be tolerated on account of the soreness of the parts.

I will state here, that when I entered the room, a bowl of water and syringe were on the floor near the patient, and she stated that the cramps came on immediately after using the injection—consisting of alum-water. She also stated that she had been in the habit of using injections, but had never had this accident to happen before. To use her own words, she said, "I believe I put the nozzle of the syringe in the womb, because I felt like something had caught hold of it when I put it in." A half hour after the administration of the morphia the cramps in the lower abdominal region returned. Another hypodermic of one sixth grain of morphia was given. Hot applications were continued, and in an hour after the last dose of morphia the patient was free from pain.

The following day she was resting easy,



but "very sore." A vaginal examination revealed a patulous os uteri very sensitive to the touch. Injections were discontinued and the patient made a rapid recovery.

I have notes on four other cases where injury has resulted from use of vaginal injections, but as they are similar to the above I will not occupy space to cite them.

There can be no reasonable doubt that in the cases just given, some of the injected fluid entered the uterine cavity and was the cause of the suffering. That the vaginal syringe is a valuable instrument both for cleanliness and medication, no one with experience denies; but that it is used ignorantly and productive of injury, is a fact that many lose sight of.

Since the above cases came under my observation (two years ago) I never order vaginal injections with an ordinary syringe, without first plugging the central orific of the nozzle. The syringe I prefer to be used is the "fountain" (which consists of a large rubber bag, to be hung up when filled, and a long rubber tube with different mouth-pieces) which has a vaginal *irrigator*, from which a steady stream flows, the force of which can be regulated at will.

LEXINGTON, KY.

## CHOREAL SPASM OF THE LARYNX.

BEING PORTION OF A CLINIC, MAY 2, 1881.

BY J. W. HOLLAND, M.D.

*Professor of Diseases of the Nervous System, University of Louisville.*

GENTLEMEN: I suppose you have been listening with amazement to the roaring noise going on in the other room. It is accompanied by a shuffling sound, as if some hungry beast was chafing against the bounds of his narrow cage. I shall have this "great living curiosity" brought into the arena presently after I have recited the incomplete account of his previous history, obtained before I came in. This fussy animal is a man about fifty-seven years of age, who has from bad health been long out of regular employment. He relates that his nervous system gave way several years ago, and that for nearly a year he could not go down stairs, but that he finally recovered under the ministrations of some missionary priests so as to do light gardening. I gather from this and other features that he has been a much-afflicted hypochondriac, or, in other words, a hysterical subject. He became dyspeptic about a year ago, and still has many illusions about his

digestion. At that time this roaring noise first appeared. His account is about as follows: When he eats it seems to go down into his feet. I can not at once surmise what he means by *it*. He says it is not air nor the food, but the thing that causes his physical restlessness and the roaring. *It* accumulates somewhere in the abdomen finally, and at irregular intervals rises about his heart and into his throat. This last phenomenon is probably the globus hystericus.

The complaint he makes is chiefly concerning that loud noise which he says is wholly beyond his control. He shall now be brought in for examination. You will notice first his pallor; there is marked anemia. He will not sit still; says that he finds it very hard not to be moving. This locomotion is so incessant that, coupled with his gray beard and unquiet look, he reminds me of the mythical wandering Jew doomed by a curse to be forever on the go. He says that he sleeps well, and that in his sleep he does not snore nor toss about.

As he talks you will see that at irregular intervals, when he has emptied his lungs, his breathing is interrupted, and then follows this loud roar which he thinks is a belching of the *it*, which appears at last to be nothing but wind. Let us analyze this spasm of respiration and the sound. The spasm lasts for several seconds, but varies in duration, and then passes away with a long inspiratory noise. It is never expiratory. Try yourselves to belch, and you will feel that the sound of belching is produced either by the gurgling of the air-bubbles in the esophagus or by the air of the lungs, after the forcible retention needed to compress the stomach by depressing the diaphragm, suddenly released escaping out through the chink of the glottis with an audible vibration of the chords.

In our patient there is no belch, the roar is inspiratory wholly, and, according to his statements, makes the day hideous at momentary intervals. If his stomach held all that wind it must need the diverticula into his legs, of which he seems conscious. You have remarked the fact that when he is very much interested in something else intervals of quiet are longer. He has not been rheumatic nor is he the subject of heart-disease. No part of his body is the seat of spasm except the larynx. I am not prepared to call it a case of true chorea, though chorea may be localized in that part. In most cases of ordinary chorea the speech is broken by jerky and explosive respirations. I have seen cases in which the laryngeal spasm



would arrest speech for several minutes, and where singing was wholly impossible.

We must not fail to give full importance to the hysterical features of this case. The functional nervous maladies are all closely allied. Deficient vitality in the nervous apparatus causes an aberration in some of those functions that are said to represent the play of spirit on matter.

This vague way of putting it is the best illustration I can give of our ignorance of the essence of the diseases that are bounded by chorea with heart-lesion on the one hand and insanity without anatomical change on the other. Between these extremes will be found hysteria, hypochondriasis, epilepsy, trance, and numberless derangements that have no name.

It is easiest to call this case hysteria with choreal spasm of the larynx, but you must know that this is not an accurate term for it. I should not be surprised if the illusions which beset this patient should grow to the dimension of a delusion, that is, a false belief about a matter of fact that can be demonstrated. What then! The courts would then call him insane. You see how easy is the transition from eccentric notions and low health to positive aberration of mind.

If these symptoms had appeared without anemia and dyspepsia the prognosis would be worse than at present appears. If there is a visible underlying state that is remediable here, there is hope that the nervous symptoms will improve at the same time with these. His diet should be so regulated as to supply him with abundance of plain food of a mixed character, brown meat, bread, butter, and potatoes. He shall have a bitter and ferruginous tonic for his indigestion and anemia. Our formula containing cinchonia sulphate, iron sulphate, and strychnia in moderate doses, will be given thrice daily after meals.

For his constipation he shall take every other night a pill composed of one grain of extract aloes, one grain of dried sulphate of iron, and one fourth grain extract nux vomica. If he could afford them, travel and diverting company would be of great help. The so-called nervines for hysteria will not be found of any permanent value. He has tried these with a negative result.

LOUISVILLE.

WHO owns the prescription? The purchaser. Who is its custodian? The apothecary.—*New Catechism.*

## Medical Societies.

### AMERICAN MEDICAL ASSOCIATION.

At the meeting in Richmond last week the following officers were elected:

*President*—Dr. T. J. Woodward, U. S. A.

*Vice-presidents*—Dr. P. O. Harper, Arkansas; Dr. L. Connor, Michigan; Dr. Eugene Gressom, North Carolina; Dr. Hunter McGuire, Virginia.

*Secretary*—Dr. Wm. B. Atkinson, Pennsylvania.

*Treasurer*—Dr. R. J. Dunglison, Pennsylvania.

*Librarian*—Dr. Wm. Lee, Washington.

St. Paul, Minn., was selected as the place for the next annual meeting.

### AMERICAN MEDICAL COLLEGE ASSOCIATION.

The meeting was called to order by the president, Prof. S. D. Gross, M. D., of Philadelphia, Prof. Leartus Connor, of Detroit, acting as secretary.

On motion, the regular order of business was suspended for the purpose of going into the election of officers for the ensuing year. This resulted in the following selections:

*President*—Prof. J. M. Bodine, of the Medical Department of the University of Louisville, Ky.

*Vice-president*—Prof. W. T. Briggs, of Nashville, Tenn.

*Secretary and Treasurer*—Prof. Leartus Connor, of Detroit, Mich.

Secretary Connor's report was then presented and received. It shows an increase of two in the active membership of the Association since the last annual meeting. From the reports of the several colleges made to the secretary, it appears that these institutions had conformed more universally and completely to the requirements of the Association than heretofore, and that every thing pertaining to their connection with the body was entirely satisfactory.

The report of the Committee on Medical Colleges showed that sixty-four catalogues of colleges had been examined, and that only sixteen of them had failed to come up to the Association's requirements in the matter of graduation. It also appeared that twenty-two of the colleges had surpassed these requirements in one or more of the three following particulars: First, matriculation examinations; second, regular attendance of nine months; third, the three regular terms required.

After the transaction of some unimportant business, the Association adjourned until 5 P. M.

Upon the assembling of the Association at half-past five o'clock it was found there was no quorum present. After waiting some time, and a quorum still being needed, the body adjourned, subject to the call of the president.

Dr. Bodine is thoroughly imbued with the idea of the usefulness of the Association, and will doubtless succeed in infusing into it new life. There is no doubt of the great good already effected by this Association in suppressing piratical inroads into the profession and checking off the tendencies of the colleges disposed to run their affairs solely for the benefit of themselves.—*Virginia Med. Monthly.*



### THIRD DISTRICT MEDICAL SOCIETY OF INDIANA.

The Medical Society of the Third Congressional District of Indiana met in Odd Fellows' Hall, at Jeffersonville, on Wednesday, May 4th. The attendance of the members was full and a number of visitors from Louisville and surrounding country were present. Dr. John S. Stewart presided with great dignity and, by his courteous but judicious rulings, made every body feel at home. The papers read were upon subjects of practical interest to the profession, and some of them gave rise to spirited discussion. At 2 o'clock a dinner was given the society and visitors at the Falls City Hotel by the profession of Jeffersonville. This was spiced by the usual speech-making and good cheer. After dinner the doctors were taken in carriages to see the wonders of the town.

The evening session was devoted to the business of the society, and after its adjournment a large audience listened to a popular lecture by Prof. E. R. Palmer, of Louisville. The subject was "The Inner Man." It is needless to say that the lecturer handled his theme with characteristic ease and ability.

The physicians of the third district are deserving of high praise for the life and efficiency of this society, and should be congratulated on having selected Jeffersonville for their place of meeting; for their coming was fully appreciated by the members of the profession of that city, who left nothing undone which could make to the comfort and entertainment of their guests.

The former secretary, Dr. E. P. Easley, of New Albany, has kindly sent us a report of the proceedings of the society. We are sorry that, owing to illness, Dr. E. could not prepare it in time for this issue. It will appear in our next.

### INDIANA STATE MEDICAL SOCIETY.

The Thirty-first Annual Session of the Indiana State Medical Society will be held at Park Theater, N. E. corner Washington and Tennessee streets, Indianapolis, Tuesday, Wednesday, and Thursday, May 17, 18, and 19, 1881, beginning at 10 o'clock A.M.

#### OFFICERS.

*President*—Dr. Thos. B. Harvey, Indianapolis.  
*Vice-president*—Dr. Jno. D. Mitchell, Terre Haute.  
*Secretary*—Dr. E. S. Elder, Indianapolis.  
*Assistant Secretary*—Dr. G. W. Burton, Mitchell.  
*Treasurer*—Dr. G. W. H. Kemper, Muncie.  
*Librarian*—Dr. F. J. Van Vorhis, Indianapolis.

There is every indication at present that the coming session will be one of unusual interest and profit to the profession of the State. Valuable papers are now being received by the Committee of Arrangements. Liberal railroad and hotel accommodations have been secured for all who may desire to attend the meeting, as will be seen below. It is confidently expected that the members of the profession will avail themselves of the opportunities offered and present a representation that will make the meeting one of great interest and an honor to the organized medical profession of the State.

The following papers have already been announced to the committee, viz:

The Cold Bath in Pneumonitis—L. D. Waterman, M.D., Indianapolis.

Placenta Previa (Statistics)—E. W. King, M.D., New Albany.

Eclampsia—Charles D. Pearson, M.D., Indianapolis.

Trichina: Report of Case, with Remarks—Wm. Commons, M.D., Union City.

Medical Legislation: What has been accomplished and what is needed in Indiana—Thad. M. Stevens, M.D., Indianapolis.

Members wishing certificates should write at once to John A. Sutcliffe, chairman Committee of Arrangements, 84 East Market Street. They should name the station at which they desire to purchase tickets, and should be careful to name the road or roads over which they desire to pass.

*Hotel Accommodation*.—Grand, \$2.00 per day; New Dennison, \$2.50; Bates, \$2.00; Occidental, \$1.50; Sherman, \$1.50; Spencer, \$1.50; The Brunswick (Circle Street), \$1.50.

### CENTRAL KENTUCKY MEDICAL ASSOCIATION.

At the meeting of the Central Kentucky Medical Association, held in Danville, April 20th, the following resolutions were offered by Dr. L. S. McMurtry, and unanimously adopted:

The Central Kentucky Medical Association desires to express its keen appreciation of the great loss the profession has sustained in the death of Dr. Richard O. Cowling, of Louisville. Dr. Cowling having participated in the proceedings of the Association, and made a valued contribution to its archives, the members of this Association know of his skill and high attainments, and feel that they can testify to the distinguished services he gave, and was destined to render, the science of medicine and society at large. Taken from life in the midst of usefulness, and before his talents were fully ripe, his loss is an irreparable one, and has been received by this Association with profound sorrow and regret.

The secretary is requested to inscribe this expression on a page of the minutes, and forward a copy to the LOUISVILLE MEDICAL NEWS for publication.

### Correspondence.

#### QUININE IN PREGNANCY.

*Editors Louisville Medical News:*

Does quinine ever induce abortion or premature labor? Some physicians seem to be apprehensive that it may have that effect. During many years of practice I have not hesitated to give quinine to pregnant females at all stages of pregnancy when indicated for the relief of malarial fevers, and can not call to mind a single case in which either abortion or premature labor occurred. It has been my custom, however, to combine the quinine with a little opium or morphia. Should a case of abortion or prema-



ture labor occur in my practice after the moderate administration of quinine for the relief of fever, I would sooner attribute it to the fever itself, or to the condition of system induced by the fever, than to the quinine.

WILLIAM SPEIR, M.D.

MONROE COUNTY, GA.

*Editors Louisville Medical News:*

Several weeks ago I was called to see Mrs. B., who, as you may remember, was treated by you for puerperal melancholia some time ago. With great reluctance she had weaned her child as directed, and as a result the melancholia passed away. I found her again *enciente* and greatly troubled with nervous vomiting. The lady is very intelligent, and ascribed her gastric symptoms in a jocular way to "being *enciente* with twin boys, and, you know, boys will quarrel."

I gave her one drop of wine of ipecac three or four times a day. This afforded her decided relief during the succeeding three weeks of its use, at the end of which she was delivered of two fine boys. The diagnosis suggested by her wit had proved correct.

E. J. KEMPF, M.D.

FERDINAND, IND.

## Books and Pamphlets.

BIRD'S-EYE VIEWS OF THE ENGLISH LANGUAGE. For use in the Editorial or Composing Rooms. L. H. Rogers, publisher, 75 Maiden Lane, New York.

TRANCE AND TRANCOIDAL STATES IN THE LOWER ANIMALS. By Geo. M. Beard, A.M., M.D. Reprint from the Journal of Comparative Medicine and Surgery, New York.

THE INDIANA MEDICAL JOURNAL. Vol. I, No. 1. Edited by Daniel Lesh, M.D., and College Faculty. Published by the Trustees of Indiana Eclectic Medical College. Indianapolis, May, 1881.

INFORMATION FOR EMIGRANTS: The Climate, Soils, Timbers, etc. of Kentucky contrasted with those of the Northwest. By J. R. Proctor, director, Frankfort, Ky.

Full of valuable information for the poor emigrant, this work contains also much that our native capitalists would do well to ponder.

THE ILLUSTRATED SCIENTIFIC NEWS for May is before us, looking handsomer, if possible, than any of the preceding issues. Since its change of publishers last January this magazine has improved with each succeeding number. The present issue of the Illustrated Scientific News is overflowing with handsome engravings and interesting and instructive matter. The publishers are Munn & Co., 37 Park Row, New York; \$1.50 per annum.

## Formulary.

### OLEATE OF LEAD.

One of the best local remedies for eczema is the ointment of oleate of lead, for which the profession is indebted to Dr. Crocker. Some time ago, with a view of testing its action in the treatment of eczema, I desired Messrs. Southall, of Birmingham, to make for me an ointment of oleate of lead. After a series of experiments they produced an excellent ointment according to the following formula: Lead oleate, 24 parts; heavy and inodorous paraffin oil, 14 parts. The lead oleate is prepared by heating a mixture of oleic acid and oxide of lead.—*Monthly Review of Med. and Pharm.*

### STARTIN'S MIXTURE.

A wonderfully valuable combination of sulphur is that known as "Startin's Mixture:"

R Magnes. sulph.....	℥j;	32.00 Gm.;
Ferri sulph.....	℥j;	4.00 "
Acid sulphur. dil.....	℥ij;	8.00 "
Tinct. gentian.....	℥j;	32.00 "
Aquæ.....	℥iij;	96.00 "

M. Sig. One ounce (thirty-two grams) dose after meals.

This is very potent in reducing cutaneous congestion in such conditions as erythema multiforme, erythematous eczema, and urticaria.—*Canada Lancet.*

### DUBOISINE.

Duboisine has been substituted by Dr. Dujardin-Beaumetz for atropin as a hypodermic injection for exophthalmic goiter, and in the two cases in which he has tried it great diminution of the palpitations and vascular throbbings resulted. He has also noticed a readily cumulative effect from repeated doses, although he used only very small quantities—a quarter to a half milligram ( $\frac{1}{256}$  to  $\frac{1}{128}$  of a grain)—the symptoms resembling the poisonous effects of belladonna.

### ATROPIN VASELINE OINTMENT.

Dr. Klein, of Vienna, in a lengthy article, repeatedly points out the difficulties which oculists encounter in the instillation of the solution of atropin, and advocates the substitution of an ointment as being more convenient than the solution. He recommends:

R Atropini sulphas.....	gr. j;	0.05 Gm.;
Vaselinæ.....	gr. clv;	10.00 "

Misce exactissime.

If the atropin is carefully rubbed with the vaseline, no further solvent is required.—*Pharm. Centralhalle.*

### REMEDY FOR CORNS.

Mr. Gezow, a Russian apothecary, recommends the following as a "sure" remedy for corns, stating that it proves effective in a short time, and without causing any pain:

Salicylic acid.....	30 parts;
Extract of cannabis indica...	5 "
Collodion.....	240 "

To be applied by means of a camel's-hair pencil.—*Pharm. Zeit.; Monthly Review of Medicine and Pharmacy.*



FORMULA FOR HYPODERMIC ADMINISTRATION OF  
QUININE.

R Quiniæ sulphat.....	3j;	3.88 Gm.;
Morphiæ sulphat.....	gr. ss;	0.03 "
Acid. sulphur. dil.....	℥ xl;	2.46 fl.Gm.;
Aquæ dest.....	3j;	29.57 "

M. Filter. Sig. Sixty minims contain seven and a half grains.—*Bartholow; Medical Gazette.*

NEW FORMULA FOR FEHLING'S SOLUTION.

In order to replace the ordinary Fehling's solution—which, as is known, decomposes after a time—Schreiter, of Wurtemberg, suggests the following:

R Sodii salicylatis.....	} āā Gm.j;	
Cupri sulphatis.....		
Sodii caustici.....	Gm. v;	
Aquæ destillatæ.....	Gm. xx.	M.

After filtration a clear blue fluid is obtained. On heating this in a test-tube the copper salt is decomposed, and the least trace of sugar present is indicated by a fine brownish-red color. According to Schreiter, this liquid can be perfectly well preserved.—*Monthly Review of Med. and Pharm.*

## Pharmaceutical.

WE desire to call the attention of our readers to the advertisement of Theodore Metcalf & Co., Boston, Mass., who are the agents for Mellin's Food for Infants and Invalids. This food is prepared upon the principles advanced by Liebig, is non-farinaceous, and bears in the quality and proportion of its constituents so close a resemblance to *mother's milk* that it may well serve as a substitute for it.

It comes to us indorsed by such names as Drs. Arthur V. Meigs and Wm. Pepper, of Philadelphia; Drs. Eustace Smith and John Tanner, of London; Dr. J. Lewis Smith, of New York, and many others well known to the profession.

We advise our readers to give it a trial, believing that in the treatment of infantile diarrhea, and other affections so frequently fatal to young children during the summer months, it will prove an agent of real power.

IMPORTANT BUSINESS CHANGE.—During the past week the well-known house of Parke, Davis & Co., of Detroit, Mich., purchased the pharmaceutical branch of the business of Messrs. Reed & Carnrick, the popular manufacturers, who state that the growing demand for their maltine compels them to devote their entire capacity to its production.—*Monthly Price-list of A. Peter & Co.*

[We congratulate Messrs. Reed & Carnrick upon having found such worthy successors.]

## Miscellany.

DEATH AND SANITARY SCIENCE.—Prof. F. De Chaumont delivered, on the evening of March 15th a lecture to a large audience at the London Institution, on Sanitary Assurance. The lecturer remarked that of the seven hundred thousand deaths per annum recorded by the registrar-general, consumption caused about seventy thousand; diseases of the respiratory organs, one hundred thousand; diarrhea, thirty-three thousand; enteric fever, eleven thousand; scarlet fever, twenty-five thousand; and diphtheria, thirty-five hundred. Some of these diseases might be prevented altogether if dwelling-houses were put in a good sanitary state, and others might be modified to a very material extent, the whole of them being propagated by foul air and foul water. Dr. De Chaumont enlarged on the mortality and sickness caused by defective sanitary arrangements, and directed attention to the Sanitary Assurance Association which had been formed last November, and the object of which we have already explained in these columns. At the conclusion of his address Mr. Erichsen spoke of the immense influence that the sanitary condition of a house has for good or evil on the bodily and mental health of its inhabitants, and pointed out that the work of the surgeon was materially aided or retarded by the sanitary state of the house in which the patient lay; and he cordially approved of the Association, and thought it had a large field of usefulness before it.—*Med. Times and Gazette.*

TRIPLETS WITH TEETH.—Dr. Love, in the North Carolina Med. Journal, reports a case of triplets—two girls and a boy—born with teeth: First, girl, four and one quarter pounds, two middle upper incisors and two upper canines; second, girl, five pounds, two middle upper incisors and left upper canine; third, boy, six and one quarter pounds, four upper incisors and two upper canines nearly through. They each lived five hours. The mother was forty-five years of age; this was her second pregnancy.—*Canada Journal of Med. Science.*

ERB has made a study of four hundred cases of locomotor ataxy with reference to a syphilis as a cause; and concludes, from the large percentage of cases presenting a syphilitic history, that there is a causative connection.



**RESORCINE A DERIVATIVE OF ASAFETIDA.—**

Dr. Dujardin-Beaumetz has recently experimented with resorcine, a crystallized body, white, odorless, soluble in all proportions. It prevents fermentation in all albuminous substances—milk, urine, etc. The Germans have used it chiefly for wound-dressings, its action being similar to that of carbolic and salicylic acid. It may be employed in all kinds of ulcerations as a topical remedy, and as a gargle in diphtheria. It is poisonous in large doses. The remedy in fact is a substitute for carbolic acid, having all its properties without the disagreeable odor.—*North Carolina Med. Journal.*

[At the Children's Hospital in Breslau doses of resorcine, one sixth to one third grain, have been found very beneficial in cholera infantum, arresting vomiting and restoring from collapse, while mitigating diarrhea.]

**THE ONUS OF EDITORSHIP.**—The following anent the onus of editorship is extracted from the London Times: If an editor omits any thing he is lazy. If he speaks of things as they are people get angry. If he glosses over or smooths down the rough points he is bribed. If he calls things by their proper names he is unfit for the position of an editor. If he does not furnish readers with jokes he is an idiot; if he does he is a rattlehead, lacking stability. If he condemns the wrong he is a good fellow, but lacks discretion. If he lets wrongs and injuries go unmentioned he is a coward. If he exposes a public man he does it to gratify spite, is the tool of a clique, or belongs to the "outs." If he indulges in personalities he is a blackguard; if he does not his paper is dull and insipid. *Canada Lancet.*

**PRECOCIOUS OPIUM-HABIT.**—A case is reported by Mackenzie Booth of a male infant, four months old, who had been treated with opium for colicky pains until he was taking, at the above age, six to eight drams of the tincture of opium daily in dram doses. The child was much emaciated, and the legs were constantly kept flexed on the abdomen save when narcotized with not less than fifty drops of the tincture. There was no vomiting or cough nor other symptoms of disease, and the appetite was good. The doctor reduced the dose gradually, ten drops per day, and with the use of cod-liver oil, bismuth, and pepsin, and an occasional laxative, the habit was broken off, and the child regained its health completely.—*Chicago Med. Review.*

**PERMANENT PICTURES ON THE RETINA.—**

The idea that the circumstances attending the sudden and violent death of an individual might be ascertained by an examination of the retina—amounting perhaps in criminal cases to a revelation of the perpetrator's identity—was discussed soon after the discovery of the visual purple. The matter is still often mentioned by the laity, and Dr. W. C. Ayres, of New York, in an article on the subject in *New York Med. Journal* for March, 1881, gives as much of the photochemistry of the retina as will suffice to establish the impracticability of detecting a murderer by means of an "optogramme," as a general thing. After describing the details of the process of obtaining an optogramme experimentally upon animals, the author gives an amusing account of an attempt of his to make a picture of Professor Helmholtz upon the retina of an animal. The result was an image of Helmholtz's shirt-collar and the end of his nose.—*New York Med. Journal.*

**THE PLAGUE.**—This scourge has been ravaging the banks of the lower Euphrates and the villages of Mesopotamia. Quarantine against it has been declared by the Egyptian authorities. In spite of this it is reported already to have crossed the Mediterranean, and one or more deaths from it have been reported at Seville, Spain. The littoral cities of southern Europe are by no means in such superior sanitary condition that all danger is averted of another experience such as Marseilles had in 1722.—*Med. and Surg. Rep.*

M. TALAMON, in the laboratory of the Hôtel Dieu at Paris, has succeeded in cultivating the bacillus which other observers had found in the false membrane and urine of diphtheritic patients. After a careful and elaborate study of the life-history of these organisms of eight cases, he inoculated it into the mucous membrane of the mouth or nose or gave it with food to rabbits, guinea-pigs, fowl, and pigeons, with the effect of inducing diphtheritic symptoms in all, and in some, notably the pigeons, characteristic false membrane lined the mouth and throat. The inflammatory effusions yielded to culture the organisms which had been inoculated.

**CEREBRO-SPINAL** meningitis of a grave type has prevailed in the Mississippi and Ohio valleys the last few months. In southern Indiana it has been almost epidemic.—*Med. and Surg. Reporter.*



**CHEWING THE CUD.**—Dr. Bennett, at the Cincinnati Academy of Medicine, reported the case of an idiotic boy, aged sixteen, in whom all the appearances of rickets were marked, but who presented in addition the remarkable phenomenon of regularly *chewing his cud*. This peculiarity was not at first credited by the speaker, but he had satisfied himself by personal observation that the boy at first swallowed voraciously, without mastication, all the food set before him, and afterward actually acted the part of a ruminant. It was said the mother of the boy, when pregnant with this child, was frightened by a cow; and indeed the expression of face, especially when seen at such a time, was not unlike that of this animal.—*Cincinnati Lancet and Clinic*.

[We once knew a full-grown man who regularly chewed the cud. Whether his mother was frightened by a cow or not we have not been informed; but, judging from the expression seen usually on his face, we should suppose that a *sheep* had made the maternal impression which resulted in the idiosyncrasy of the offspring.]

**THE AGE OF EGGS.**—In order to detect this, dissolve one hundred and twenty grams (thirty drams) of salt in a liter (thirty-four fluid ounces) of water. A new-laid egg descends to the bottom of the vessel containing the solution. One a day old does not quite sink to the bottom, while one of three days old floats. The older the egg is the more readily it reaches the surface.—*Med. Times and Gazette*.

**FATAL ACCIDENT TO MR. SPEDDING.**—Mr. Spedding, the well-known Baconian scholar, has succumbed, in St. George's Hospital, to injuries received by him while walking in the street—a hansom-cab having knocked him down and run over him. The left ear had been almost entirely torn away, and Mr. Holmes is of opinion that fracture of the base of the skull had also occurred.—*Med. Press and Circular*.

**A NEW SIGN OF DEATH.**—According to *La Revue Médicale*, M. Peyraud states that real death may be recognized in a practical manner by the application of the Vienna caustic paste, or other caustics, to the skin of the subject supposed to be dead. If no eschar is produced, or if this is yellow or transparent, the subject is dead; but if it is black or reddish-brown, the subject is still living.—*Boston Jour. of Chem.*

## Selections.

**Cerebral Hyperemia, Exhaustion, and Vasomotor Weakness.**—F. P. Atkinson, M. D., in the Practitioner, after tracing out the pathological points involved in the above conditions, says:

"The mere amount of blood circulating through the brain must of necessity influence to a material degree its power of acting. Mechanically the pressure of undue quantity, or conversely the removal of the accustomed pressure, must affect the relations and functions of such delicate structures, and the nerve-cells and nerve fibers. Excessive hyperemia and pressure tend in all probability to produce stasis of the red and white corpuscles, together with blocking of the minute vessels, and consequent delirium and stupor." Some persons are the subjects of a naturally weak vasomotor system, and Dr. Hume, in the Practitioner of July, 1879, has very accurately described the distinguishing characteristics of those who are so afflicted. "They have," he says, "a soft, moist eye, a dilated pupil in a blue iris, and a thick, drooping upper eyelid. The nervous system, not well balanced, is easily disturbed by excitement. The blood vascular system is weak, atonic, as shown by the irregular heart, subject to palpitations and tumultuous action on slight exertion or sudden emotion, the small irregular pulse, tendency to dilatations, and eventually varicosities of the veins, and the ready congestion of the capillaries upon exercise or alcohol being taken." From my own personal observation I should say that those who are thus constituted require longer rest than other people, and are easily upset by the use of alcohol, smoking, residence in a damp-warm climate, and sexual intercourse. Sexual intercourse especially seems to produce such an excessive amount of nervous exhaustion, that it is necessary that we should be able to recognize at once both the symptoms and the cause, and also to apply the appropriate treatment. The chief symptom complained of is a sinking or vacancy at the pit of the stomach, which nothing seems to relieve, not even food; with this there is a feeling of drowsiness, some pain and swimmy feeling in the head, and great irritability of temper. The patient's sleep is heavy, as shown by loud snoring, but it is unrefreshing, and broken by frequent and severe startings or muscular twitchings. On rising in the morning the patient complains of feeling giddy and light-headed; the tongue is dry and coated, and there is a nasty taste in the mouth; the breath is exceedingly offensive (the result of nervous exhaustion); the forehead and the body generally hot and dry; the eyes look congested. In bad cases the patient will tell you he does not seem to be able to pronounce his words correctly when reading aloud; or direct the movements of his hands as he wishes while writing, or his legs on walking. In very severe cases I have known complete loss of speech, varying from an hour or so to two or three days, and also of control over the movements both of the legs and arms.

The treatment in these cases should of course be directed toward controlling the cerebral circulation, and with this view four minims of the dilute hydrocyanic acid should be given every four hours (this has a sedative effect on the brain, spinal cord, and heart). Bathing the head with cold water two or three times in the day should also be strongly recommended, inasmuch as it acts as a direct sedative to the cerebral circulation. More than one patient has



told me that chocolate relieves the sinking feeling at the pit of the stomach, and produces a more lasting effect than any thing else; but what is really its action I can not say. Plenty of milk should be taken, but no alcohol. In severe and prolonged cases, when the immediate symptoms have passed off, syrup of the lactophosphate of lime and iron, with small doses of tincture of digitalis and nux vomica, or Kirby's compound phosphorus pills, are to be recommended, together with change to a bracing atmosphere.

I have thought it right to put down these few remarks on paper, as I have known some cases of cerebral exhaustion to be considered as cases resulting from syphilitic disease, and to be dosed with iodide of potassium till recovery seemed almost hopeless.

**Herpes.**—J. Magee Finny, M.D., Dub., F.K.Q.C. P.I., Visiting Physician and Dermatologist to the City of Dublin Hospital (Med. Press and Circular):

There are two very distinct varieties of herpetic eruptions met with, differing in their nature, site, course, and importance. These are *Herpes catarrhalis* and *Herpes zoster*.

A few words will suffice to describe the former, and at the same time to point out the diagnosis between it and the other variety, with which indeed I may say it has little beyond its name in common.

*Catarrhal herpes*—which is also called febrile or symptomatic herpes—is a very common complaint, and one you have seen frequently on the face and occasionally on the genitals. It is conveniently divided, for the sake of description, according to these regions into *H. facialis* and *H. progenitalis*, the symptoms of each being very much alike. It is immediately preceded by slight sensations of burning and tingling, as if the part were swollen and stretched; there is very slight redness, and soon a number of vesicles in clusters appear. These vesicles, usually small in size, though larger than those of eczema, may dry up quickly, or becoming confluent form bullæ, filled with opaque or yellowish fluid, and if scratched or broken, may have an excoriated raw surface.

*H. facialis*—a better name than *H. labialis*—is met with most usually on the lips at the muco-cutaneous juncture; but it occurs also on cheeks, ears, and nose. Though an accompaniment of an ordinary cold or dyspeptic attack, *H. facialis* is present in pneumonia, cerebro-spinal, intermittent, and scarlet fevers. During the present session you have seen it in both scarlet fever and pneumonia, and you will recollect the different significance which may be attributed to it in these two diseases. In the latter so usually do the patients who present it recover, that some authorities consider it a most favorable prognostic, while in scarlet fever it is an omen of a severe type in which nasal discharges, arthritic complications, and a prolonged fever may be expected. The late Dr. Stokes used to lay down as a maxim worthy of note that a vesicular complication of fever was ever one of serious import.

The most extensive case of facial herpes I ever met with occurred in a patient aged sixty-six, who was admitted to this hospital in 1879 for pneumonia, as the whole of the right cheek extending from the zygomatic arch to the nose was one mass of herpetic clusters, which became confluent. He made a rapid and good recovery. Notwithstanding the frequency of the favorable issue of pneumonia attended by herpes, I would not have you lay too much stress

upon the value attaching to this symptomatic rash, inasmuch as most cases of sthenic pneumonia have a tendency to recovery, and many cases in which herpetic rashes are absent do equally well.

The ordinary cases of facial herpes present no difficulties of diagnosis, but you should remember it may attack the mucous membrane of the mouth and palate. Should it be confined to these places you may find some difficulty in recognizing the disease.

Within the last couple of months I came across a rather puzzling case of herpes, in consultation with Dr. William Lane, in the person of a well-known clergyman of this city. The whole soft palate, uvula, and arches of the palate were studded with vesicles standing on a reddened base. At first sight scarlatina or diphtheritic inflammation passed through my mind, but the absence of the characteristics of those diseases and the presence of a most copious vesicular eruption on the alæ and dorsum nasi, the upper lip, and the adjoining surfaces of the cheeks and chin made the diagnosis easy.

[TO BE CONTINUED.]

**Fournier on Scabies.**—Extract from *Gazette des Hôpitaux* (Med. Times and Gazette):

The symptom *par excellence* of itch is the "burrow." This burrow is the sub-epidermic tunnel dug by the female acarus. It has the appearance of a little grayish line traced on the surface of the skin. In patients who do not wash or whose skin is soiled by their occupation it is darker colored, but in those who wash frequently it is whiter than the skin itself. A burrow is rarely straight, usually curvilinear. It has two extremities, the mouth where the acarus has entered and the tail. . . .

Itch follows a rapid and progressive course. It lasts as long as patients are willing to let it last. It seems to disappear during acute illness (pneumonia, etc.). There is only one kind of itch; its divisions into varieties—vesicular, cachectic, pustular, ecthymatous itch, etc.—are unimportant, most frequently it is polymorphic. There is a mild type of itch—the itch of the middle classes and aristocracy. It assumes two forms, partial and disseminated. When partial it is localized in three regions—the penis, the breasts, and the thighs of infants. You will see patients with some itching of the penis, and nothing but a few little red papules. Be on your guard. Itch is often taken for herpes or balanitis. In the disseminated variety the eruption is reduced to a few papular lesions of a mild type and a stray burrow or two; no pustules, few papules, little itching. Bazin has well said that itch calls up the darts habit (tendency to eczema, etc.).

How is itch caught? Strictly speaking, momentary contact ought to suffice—the time that it takes an acarus to fall on the healthy skin; but in almost every case itch is only transmitted by more or less prolonged contact. Nocturnal cohabitation is the great mode of transmission ninety-five times out of a hundred (Hardy). The itch of certain animals (horse, wolf, sheep) is incontestably transmissible to man.

The pathognomonic sign of itch is the burrow. Recollect there are cases where it is white or masked by the abundant eruption. It may be absent from the hands—masons and washerwomen have no burrows on the hands.

Other symptoms will suffice to establish the presence of itch—(1) the characteristic itching; (2) the eruption (distribution, etc.); (3) history of contagion.

The most important source of error in diagnosis is



that the practitioner thinks that a patient belonging to the upper classes can not come in contact with itch. Do not be deceived; every one is exposed to it.

At present itch is cured in one hour and a half (at St. Louis Hospital). The first half hour the patient, absolutely nude, rubs himself from head, or rather neck, to foot with soft soap. The second half hour he is put into a tepid bath, where he continues the soft-soap frictions. The third half hour he rubs his body with Helmerich's sulpho-alkaline ointment. He puts on his clothes without washing off the ointment, so as to keep it in contact with the surface for twenty-four hours. While the patient is treating himself his clothes are purified in a specially-constructed stove at a temperature of 120° and exposed to sulphur vapor. Four thousand itch-patients are treated here (St. Louis) annually.

The hospital treatment is a rough one, and sometimes causes attacks of eczema. It may be mitigated thus: Toilet soap is substituted for soft soap, and Hardy's modification of Helmerich's ointment used—lard one hundred parts, sulphur sixteen parts, bicarbonate of potash eight parts, by weight. The patient should have his sheets and all under-linen changed immediately.

#### The Treatment of Vomiting in Phthisis.—

Dr. Ferrand describes three varieties of emesis in phthisis: I. The mechanical vomiting resulting from stimulation of the respiratory nerves, which is often accompanied by a certain amount of pharyngeal or gastric irritation. II. Gastric vomiting in the strict sense of the term. III. Central or bulbar vomiting. These forms differ not only in the mechanism of their causation, but also in the time of their appearance, in the nature of the ejected materials, and in various other ways: I. Mechanical vomiting, which may be more correctly termed *direct*, occurs at the commencement of the disease, and is provoked by a full stomach. The first indication is to allay the cough by means of gargles, or in severe cases, by the administration of more active remedies, as the decoction of poppy-heads, borax, or sodium bicarbonate. If there be well-marked symptoms of ulceration, tannin, alum, decoction of walnut-leaves, oak-bark, and if these fail, tincture of iodine, nitrate of silver, or even ammonia, may be employed with advantage. In many cases narcotics, anesthetics, and antispasmodics will be of service. 2. Gastric vomiting is very frequent in the middle period of phthisis; the materials vomited do not consist, as in the previous case, of unaltered food, but of substances more or less changed by the digestive processes. This form of vomiting is subdivided into vomiting due (*a*) to aepsia, occurring throughout the disease, and due to a deficiency of the gastric secretions. The treatment consists in the use of digestive tonics, if need be of emetics, or better still, of such local sedatives as chloral, chloroform, and ether—pepsin and diastase being also of great service. (*b*) Hyperemic vomiting sets in toward the close of the illness, during the cachectic state. It may be combated by magnesia and charcoal, by astringent powders, or by the powder of crude opium. (*c*) Vomiting due to a kind of spasmodic gastralgia, is met by narcotics, anesthetics, and the various antispasmodics, more especially valerian. (*d*) Vomiting, the result of special irritation of the stomach, such as may be caused by tubercular deposits in that organ. In these cases the diet must be carefully regulated, alkalies and iodide of potassium in small doses, being at the same time prescribed. Bulbar vomiting gen-

erally occurs at an advanced stage of the disease, and is symptomatic of cerebral irritation, and more especially of bulbar irritation, due to meningeal exudation. The vomit consists of mucus and bile. The remedies for this are numerous, chloral being placed in the front rank, as it is even able to neutralize the action of apomorphia. Chloroform, since it serves as a sedative to the brain, while it acts as a slight stimulant to the stomach, will thus be doubly useful in these cases. Opium and morphia act in a similar manner, as does the bromide of potassium, given with the meals in doses of one to two grains. Electricity in its various forms, and the inhalation of oxygen may be tried. A few drops of nitrite of amyl will probably be efficacious when it is inhaled, as it possesses the power of reducing the anemic state of these organs.—*Le Concours Médical; Practitioner.*

#### New Method of Trephining the Mastoid.—

Dr. Bagroff's method of trephining the mastoid is by combining the use of the galvano-cautery with that of the gouge. As soon as the bone is laid bare by incision of the skin and periosteum the first application of the galvano-cautery is made for a few seconds until a blackish eschar is produced. The bony tissue thus becomes friable, is attacked with the gouge, and when the whole of the calcined layer has been removed the cautery is again applied. The alternate action of cautery and gouge enables us easily to lay bare the mastoid cells without danger of lesion of the venous sinus, and facilitates the change of direction one may wish to make in the channel which is established. Bagroff thinks this proceeding would be applicable to the ablation of osteomata from the auditory meatus. Local anesthesia having been produced, the galvano-cautery should be applied at the most accessible point. An eschar being produced, one may cut into the tumor by means of a special gouge. By a combined use of these two means, the osteoma may be pierced from side to side, when its extirpation becomes easy.—*Med. Press and Circular.*

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# LOUISVILLE MEDICAL NEWS.

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J. W. HOLLAND, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M. D., . . . . . Managing Editor.

## THE NEWS FROM RICHMOND.\*

The leviathan has been disporting himself by the pleasant waters of the James in Virginia. Solicited by several hands with bait more or less tempting, after nibbling a bit from each he has turned his huge carcass away, and with many a grunt of satisfaction for Southern hospitality now hides himself for another year.

Not a single hook has caught well in his nose; not one of the innovators can as yet "play with him as a child and take him as a servant forever." If the preliminary sample prove a sweet morsel after a year's rumination, complete success may yet reward the anglers.

First came Dr. Jos. H. Warren, of Boston, as chairman of Committee of Foreign Delegates Abroad, who had conceived an enthusiastic love for the idea of a journal on the plan of the British Medical, which should be published weekly by the Association. It would be the organ through which the latent energies of the Association could be expressed in master tones. Opposition to this idea seemed to him to come chiefly from the petty journals that spring up on every hand like thorns and thistles by the wayside. It reminded him of the stand taken by quacks and spiritualists against the Massachusetts bill for regulating the practice of medicine. His audience must have enjoyed

the fervor with which he pronounced his Websterian love of national union, even if it was limited by his theme to the starting of a medical journal.

The same project was brought forward by the Committee on Journalizing. The report closed with the following resolution as adopted:

*Resolved,* That the president be authorized to appoint a committee of five to digest and report in detail, as soon as practicable, upon the time, place, and terms of the publication of such a journal, and to arrange all other necessary details.

The idea is one which jumps with the national feeling that now pervades the whole country as never before, and has to combat chiefly the practical difficulties such as accompany business enterprises of all kinds. A year of deliberation is ample time to mature conclusions on this point.

On the second day they took into consideration the amendment to the Code of Ethics, Article I, par. 1, which adds, "and hence it is considered derogatory to the interests of the public and honor of the profession for any physician or teacher to aid in any way the medical teaching or graduation of persons knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine."

Dr. E. S. Dunster, of Michigan, opposed the amendment with great vigor, and to our thinking, gave very cogent reasons for its rejection. It would prevent our ever spreading the truths we believe to those who need them most, and would be as illiberal in us as it would be in a religious community to withhold its teachings from all who did not profess its doctrine at the start. Who can

\* Daily Edition of the Virginia Medical Monthly, Richmond, Va., reporting proceedings of the American Medical Association, session 1881.



think with pleasure of the inquisitorial work of the person charged to execute such a law! It would be a prying into the purpose and motives of the student instead of saying openly, "Whatever your thought or principles, come and drink freely of a fountain that shall never run dry, that has power to clear the vision and perchance to purge you of the error with which you are afflicted."

The next day Dr. N. S. Davis made an extended argument in favor of the amendment. After a rather heated discussion Dr. Billings offered the following substitute, which was adopted:

It is not in accord with the interest of the public or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons who they have good reason to believe intend to support and practice any exclusive and irregular system of medicine.

As a compromise this was satisfactory to both sides, neither of which was sufficiently strong to insist too strenuously on having its own way. Practically it will not have the effect of the original motion. No person who desires to graduate will give "a good reason" to defeat his own ends.

The faculty at Ann Arbor are the only ones much concerned about these provisions, and they can, if they wish, easily evade them. Some trouble may arise in the case of persons who take partial courses in anatomy, chemistry, and physiology, while at the same time studying the therapeutics of some exclusive system, though this does not necessarily imply that they intend to practice medicine according to its special tenets. It may be interpreted to mean a catholic spirit of inquiry toward which no man should be intolerant.

The following resolution, offered by Dr. Dunster, was adopted by the section on Practice, and referred by the Association to the Judicial Council, to be reported upon next year:

*Resolved*, That the spirit of the Code of Ethics forbids a physician from prescribing a remedy controlled by a patent, copyright, or trade-mark. This,

however, shall except a patent on a process of manufacture or machinery, provided the patent be not used to prevent legitimate competition; and shall also except use of a trade-mark used to designate a brand of manufacture; provided that the article so marked be accompanied by working formulæ, duly sworn to, and also by a technical, scientific name, under which any one can compete in manufacture of same.

If this should carry next year, according to a strict reading it will behoove the manufacturers of certain excellent compounds to grant to others the right to use the names they employ when these are not of the regulation cut. It in effect indorses the use of trade-marks as a proprietor's protection. This protection is important in order to secure the uniformity of action dependent on purity of materials; a thing which we can not surely count on unless a guarantee be given that responsible persons selected and compounded the drugs.

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## Original.

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### THE MECHANICAL TREATMENT OF HERNIA.

BY AP. MORGAN VANCE, M.D.\*

We all know the great prevalence of hernia. It is met with in all grades of society, neither sex nor age exempting from it, and every surgeon is aware how little has been accomplished so far in the successful treatment of this terrible ailment.

It is true that operations and appliances for its relief or cure are innumerable, but my experience is that there has not been discovered any treatment which is sure of a successful result. The mechanical treatment, properly carried out, is nearly always satisfactory with children, and through young adult life very good results are often obtained. As the success of this treatment after the truss is fitted depends almost entirely upon the patient, he must be carefully taught how to adjust the truss, the most minute directions, often repeated, being necessary to impress upon him the importance of intelligent obedience. There can be no positive rules for fitting a truss, as each case must be studied individually.

\*Read before the Medical Society of the Third Congressional District of Indiana, at Jeffersonville, May 4, 1881.



After the diagnosis of hernia, the age, intelligence, and occupation of the patient, as well as the kind and degree of hernia, must be considered in deciding the treatment. If the patient be under twenty-five, and the hernia can be retained by a truss, under every possible movement and exertion of the body, and if there be a reasonable hope that your directions will be intelligently and faithfully carried out, a cure may be prognosticated. On the other hand, if the patient be over this age, the hernia large and difficult to retain, or your directions will probably not be obeyed, the palliative treatment should only be instituted. While the plan of truss is of course to be suited to each case, I have found the ordinary opposite-side truss to answer very satisfactorily for children's cases; but for adults the one known as Hood's, or the "army truss," is, I believe, constructed on the most correct mechanical principles, and fills more of the indications than any other.

The shape and the material of the pad is of the first importance, and must depend on the kind of hernia—one general principle being considered, that of "graduated pressure;" this being greater at the external or lower opening and decreasing as it ascends. The pad should be made of hard wood. The best way of fitting a truss is by taking an accurate pattern of each pelvis, easily done by a strip of lead and sheet of paper and making the truss by it.

The method of the general practitioner in attending these patients is to be deplored. He will make a diagnosis, and either send the patient to a drug-store or to an instrument-maker to get a truss. At the first-named place a number of trusses will be produced and he requested to step behind a screen and suit himself; at the latter the man will apply different styles until the patient says one is comfortable. As a rule, neither the druggist nor the instrument-maker can tell a hernia from any other scrotal tumor. In this way much useless pain and often real injury is inflicted. There is no appliance that requires more intelligent attention than a truss, for unless perfectly fitted it should not be worn at all.

I will report two cases which have been directly under my observation from the beginning of treatment to a successful result. The first illustrating the bad effects of the ordinary treatment mentioned above, and also the satisfactory result speedily obtained when the proper method was substituted; the second case shows the efficiency of the truss used in producing a radical cure.

CASE I.—X., aged seventeen, was in a boat which capsized, and after swimming ashore remained in his wet clothing for several hours. Was feverish and restless during the night, and the next day complained of pain in left inguinal region whenever he attempted to stand. The family physician examined the parts, but declared he found nothing wrong. The patient insisted that he was ruptured and had been for a long time—i. e. there had been an enlargement of left side of scrotum, which would disappear on his lying down, and a portion of it was then out, which he could not return as usual. The doctor made repeated examinations but could make out no trouble. The patient became restless, ate little, was greatly constipated and forced to remain in bed for weeks, always insisting that a rupture existed. In time the pain ceased about the parts, bowels became regular, the old swelling returned, and he was able to walk about. He went to the doctor, convinced him that a hernia as large as a man's fist existed on the left side. They went to a drug-store, the druggist looked at him, asked which side was ruptured, took down a number of trusses, and told the patient to step behind the counter and fit one to himself. This he wore for eighteen months, with perfect torture, without the hernia being retained at all. Again he sought the doctor, who went through the same form, this time the druggist advising a hard pad, as the former one had been soft. This was worn for a year with the same result.

Being about to leave home for some time the patient sought the advice of a distinguished surgeon, who, after a careful examination, sent him to an instrument-maker with a request to fit him with a truss. He tried on a number of this man's springs, and by his advice purchased a "finger-pad" truss, probably on the theory that it was the highest-priced. So long as he made no great exertion this truss retained the hernia, but his work requiring very great and constant exertion, it was of no use whatever. Becoming desperate of relief, he chanced to hear from a young medical friend of a truss, and wrote to Philadelphia, sending his pelvic measurement, for one to be made and sent by mail. After a slight adjustment this was applied and worn three months, being removed at night, without trouble from rupture. Then something like a large boil appeared just under the pad. He could not stop working, and had the firmness to wear the truss, though the pressure was on the in-



flamed spot. A slough took place and healed. He wore the truss for three years, and one day he forgot it and worked all day in a blacksmith's shop at the heaviest labor without any difficulty. Concluding he was cured he discontinued the truss from that day.

This man had no further trouble on his left side, but in July, 1879, while yachting, he was very sea-sick, and during a terrible retching felt something give way on his right side, and, examining, he discovered a small oblique inguinal hernia. This was complicated with a retained testicle existing upon this side from infancy. A truss of the same kind was immediately applied, the pad shaped to accommodate the testicle, while retaining the hernia, which was worn with perfect comfort for six months, when it was removed. Two weeks after, in making a very great muscular effort, the patient felt the gut descend. He instantly applied the truss and wore it six months, when it was removed. Ten months have elapsed, the patient leading a very active life, requiring often very great muscular exertion, with no sign of the hernia appearing.

CASE II.—Y., aged nineteen, young man. An oblique inguinal hernia was discovered in May, 1877. It descended into the scrotum as large as a duck-egg, was easily reducible. A truss similar to the one used successfully in the first case reported was applied and worn three years, being removed at night. At the end of that time an examination was made by a surgeon preparatory to operating for the radical cure, when it was found that the rupture no longer existed. The truss was removed, and a year of very heavy labor has been passed without any trouble or sign of return of the hernia.

LOUISVILLE.

## Medical Societies.

### THIRD DISTRICT MEDICAL SOCIETY OF INDIANA.

The Sixth Annual Meeting of the Medical Society of the Third Congressional District of Indiana was held in Jeffersonville, Wednesday, May 4, 1881. After the reading of the minutes of the previous meeting, the president, Dr. John L. Stewart, of New Albany, delivered a brief but exceedingly neat and clever address, entitled "The Lights and Shades of our Profession."

The first paper read was by Dr. L. S. Oppenheimer, of Seymour, being a report of a case of "xenomenia following spinal injury, operation for atresia uteri, enormous liver, etc."

Dr. N. Field, of Jeffersonville, chairman of Committee on Practice, Materia Medica, and Therapeutics, read quite a lengthy and interesting paper, which gave rise to a spirited discussion, in which both members and visitors participated. The other members of the committee—Drs. Davis and Burney, of New Albany—each read papers, the former upon cutaneous biliary fistule, and the latter upon materia medica.

A very interesting and scientific paper upon the mechanism of accommodation was read by Dr. S. C. McClure, of Jeffersonville.

Dr. C. N. Nutt, of New Albany, reported a case of dangerous narcosis following the hypodermic injection of one third grain of sulphate of morphia. This case was pretty thoroughly discussed, a majority of those present believing that, since the patient had repeatedly taken larger doses of morphia, both by the mouth and hypodermically, the symptoms were due simply to the prick of the needle and not to the morphia.

Dr. Easley, of New Albany, read a short paper on "Some Rare Cases in Surgery." Dr. W. Cheatham, of Louisville, contributed a paper on the subject of "Spectacles and their Relation to General Diseases." Dr. W. O. Roberts, of Louisville, reported a case of double dislocation of both femora.

The secretary read a paper, written by Dr. F. A. Seymour, of Oakland, Cal., entitled "A Fowl Deed;" being a humorous description of belladonna-poisoning in the chicken, and report of a successful case of "cropotomy" for its relief.

Dr. G. W. Burton, of Mitchell, read a paper upon medical legislation, which excited a lengthy and vigorous discussion.

Dr. Vance, of Louisville, contributed a highly interesting paper on the "Mechanical Treatment of Hernia." Dr. J. M. Mathews, of Louisville, gave the society his views of rectotomy for the relief of stricture, whether cancerous or syphilitic, advocating the operation as a measure of relief only, believing the disease to be incurable. Dr. W. H. Wathen, of the same city, made some remarks upon the treatment of cancer of the cervix uteri.

The society now adjourned till 7 P.M., and repaired to the Falls City Hotel, where a magnificent dinner, prepared at the expense of the Jeffersonville physicians, awaited them. Dinner over, a visit was made to the U. S. depot, glass-works, car-works, and the Indiana State Prison, South. At 7 P.M. the society reassembled at Mozart Hall and elected officers, selected place of next meeting, and appointed a committee to confer with the Mitchell District Society as to the feasibility of consolidating that with this society. At 8 o'clock a large audience had assembled to hear Prof. E. R. Palmer's address on "The Inner Man." The lecturer was introduced by Dr. Stewart, and spoke an hour and twenty minutes, much to the delight and instruction of his audience. He told us how to eat, when to eat, what to eat, and how our food should be cooked. The doctor fully sustained his reputation as an eloquent and fascinating speaker.

This session of the society was more largely attended than any previous one. Among those present, outside the district, not mentioned above, were Drs. Orvis and Galbraith, of Seymour, and Mercer, of Utica; Scott, Cottell, Doherty, Baldwin, Robinson, and King, of Louisville, all of whom participated in the discussions. The Jeffersonville physicians treated us with great courtesy and hospitality, and all were loud in praise of their politeness and liberality. "May they live long and prosper."



The next meeting of the society will be held in New Albany on the first Wednesday in November.

The officers elected for the ensuing year are—

*President*—E. P. Easley.

*Vice-president*—R. S. Rutherford.

*Secretary*—L. A. Graham.

*Treasurer*—W. N. McCoy.

E. P. E.

NEW ALBANY, IND.

## Clinical Lectures.

### POPLITEAL TUMOR, PROBABLY ANEURISM —SPINAL CONGESTION CURED BY ERGOT—HYSTERICAL PARALYSIS—INDIGESTION.

BY PROF. ALONZO CLARK, M.D.

*Visiting Physician to Bellevue Hospital, Consulting Physician to St. Luke's and St. Mary's Hospitals, etc.*

*Case 1.* This patient complains of pain in back part of knee extending down to the ankle. He sleeps well, suffers no pain on bending leg at right angles. He has had this pain almost a year, but lately it has been increasing in severity; suffers most in walking. He says he has been treated for rheumatism, but without relief of his symptoms.

On examination we find the knee-joint swollen and a swelling in the popliteal region. This tumor is either on the artery or gets pulsation from the artery, but I am unable to get lateral expansion. Let us ascertain if we can get any murmur. In doing this I experience a difficulty which is not uncommon. As the mass rises against my ear I am unable to tell whether the sound I hear is the result of this or is within the tumor. On compression the tumor does not regain its shape rapidly. If it is an aneurism, coagulation has taken place at lower part, for here it is hard and indurated. The patient has never felt any throbbing of the tumor. It may be a fibrous mass. To make the diagnosis certain, the tourniquet should be applied for a moment to the femoral artery. I never press too strongly on an aneurism, since it may burst. Many years ago I saw a tumor of the abdomen at Bellevue Hospital which was diagnosed aneurism by the head physician. I thought it a fibrous tumor resting on the artery. The man died of another disease, and post mortem it was found that we were both of us right; the patient had had an aneurism, but coagulation had taken place, thus simulating a fibrous tumor resting on the arterial wall.

This case is really a surgical one, and does not belong here. I will send him to the surgical clinic. It serves, however, to teach us two things: The difficulties of diagnosis and the possible danger of hasty judgment.

*Case 2.* This patient came to the clinic some time ago complaining of a weight and numbness in the lower extremities. There was formication and uncertain gait. His case was diagnosed spinal congestion, and he was ordered dry cups to the spine and from forty to sixty drops of ergot three times a day. He continued this treatment for three months, when all symptoms entirely disappeared and he felt perfectly well. I had a man in my ward at the hospital with locomotor ataxia, who took a dram of ergot three times a day for three hundred and sixty-five days, and

improved in his walking, I will not say every day, but certainly every month. This was a marked instance of the benefit of ergot, since the general view of locomotor ataxia is that it is incurable, and will ultimately end in general paralysis. He had none of the bad symptoms usually attributed to ergot; no gangrene.

[The patient, who had been cured of spinal congestion, here told Dr. Clark that he also suffered from varicose veins of the legs, but, upon examination, instead of varicose veins, syphilitic ulcers were found. Apropos of this, Dr. Clark related to the class a story of the late Dr. Mott he was reminded of. A patient with syphilitic ulcers of the arm, being questioned by Dr. Mott as to how it came there, replied that he got it while bathing in the Mississippi River. The doctor very wittily observed, "My man, I think you are indebted more to Venus than to Neptune." "Each pleasure has a poison too, and every sweet a pain."]

*Case 3.* A book-sewer by occupation. Was here two years and a half ago, and enlargement of the heart was diagnosed. Soon after this she noticed swelling in the right arm, and can not now use it as well as the other. Preceding this time she had an attack which she describes as follows: She had been sitting at the table reading, and without any premonitory symptoms, on attempting to rise, found the right side of the body paralyzed. This condition lasted for four or five weeks, but gradually passed away, and she regained the partial, though not normal, use of the affected side. Hearing such a history as this, we naturally think of apoplexy and embolism as the cause, both of which may be recovered from in this manner. We must be guided here by the condition of the heart. If murmurs are present, her attack was probably due to embolism. On listening, I hear a jar as if cogwheels were in motion, but not working right. She says that at night she feels as if the heart was trying to press through the chest-wall. I fail to get any murmur, so conclude the attack was apoplectic. She complains of very great dyspnea, which has been gradually increasing for last few years, so that now she can with difficulty walk a short distance. I supposed this might be due to effusion into the pleural cavity, but there is no fluid present in the right side, and very little in the left—perhaps two or three inches of effused fluid—which should be removed. The urine should be examined to determine if there is no kidney-lesion.

The indications for treatment are the edema, for which the following diuretic may be given:  $\mathcal{R}$  Pot. carbonat.  $\mathfrak{z}$  ss; aquæ,  $\mathfrak{z}$  vj. Sig. One tablespoonful every two hours; and may also give the infusion of digitalis, a teaspoonful t. i. d.

Though inclined at first to think that the paralysis she speaks of was due to apoplexy, I now think from the subsequent history, that it was probably hysterical.

I saw a patient of this kind about two years ago. She apparently had paralysis of right side of the body, which I attributed, when I first saw her, to apoplexy; but what was my surprise, a few hours afterward, to see her get up (she was stopping at a friend's house), and walk home. Her paralysis was purely hysterical.—*Medical Gazette.*

A CASE is reported in the *Lancet*, April 9th, of maternity at nine years of age. The child-mother has menstruated from her first year, and was a full-formed woman at nine.



Correspondence.

GRAPES FROM THORNS.

Editors Louisville Medical News :

Vast portions of the southwestern section of our country are arid plains, capable only of growing cactus. It is said that a discovery has been made which may render these deserts immensely profitable. It has been discovered that grape-cuttings inserted in the trunk of the cacti, upon the hot sand, grow and thrive as vigorously as in cultivated land. It is said one man can plant a large vineyard in a day, and the vines so planted will become incorporated into the cactus and grow luxuriantly without cultivation or irrigation. It is said that melons, tomatoes, and cucumbers will also grow from the cactus stock ; so that the desert may soon blossom as the rose and the waste places be made glad.

This extract from a western correspondent not only “shows what wonderful transformations can be made in the vegetable kingdom,” but, if the account be correct, it also shows what a wonderful and profitable discovery has been made in the vegetable kingdom.

One can not form a conception of the vastness of this discovery till he has with his own eyes seen the vast extent of this wild and desolate country, extending for miles, a barren and rugged waste, producing only cactus of every variety, from the insignificant plate, which grows out flat upon the ground, to the noble Mexican spear, higher than a man and horse. The thought of this converted into a vineyard is within itself sublime.

T. J. DRAPER, M.D.

LITTLE ROCK, ARK.

Reviews.

What Every Mother Should Know. By EDW. ELLIS, M.D. Philadelphia : Presley Blakiston. 1881. Pp. 132. Price, 75 cts.

Dr. Ellis has already won credit as a writer by his Manual of the Diseases of Children. He has taken the substance of some of its chapters, such as are appropriate to a mother’s reading, and added general directions upon nursing, hygiene, and kindred matters. These things are treated in a striking way and with expressions free from technicality. Our women-folk have found it not hard to understand and meaty in the facts that to a mother are well worth knowing.

It will not be out of place among the nursery authorities to be consulted before the doctor comes.

Books and Pamphlets.

WALSH’S QUARTERLY RETROSPECT. April, 1881. Washington, D. C.

PROGRESS IN MEDICAL EDUCATION: A Commencement Address. By J. A. Allen, M.D., LL.D., etc., Chicago.

THIRTY-EIGHTH ANNUAL REPORT OF MANAGERS OF THE STATE LUNATIC ASYLUM, UTICA, N. Y., FOR 1880. Albany, 1881.

THE ARKANSAW DOCTOR. Vol. I, No. 1, June, 1881. L. J. Collins, M.D., editor. Monthly, \$1 per year. Harrisburg, Ark.

“Here you are again, Mr. Merryman.”

TENOTOMY IN THE TREATMENT OF CONGENITAL CLUBFOOT. By Ap. Morgan Vance, M.D. Reprint from Medical Record, New York, 1881.

This is a brochure of twenty-seven pages, with a tabular report of fifty-two cases and remarks on the management of the deformity. Dr. Vance, while at the Hospital for Ruptured and Crippled, had unusual opportunities for study, and has not failed to make the most of them.

Formulary.

TO REMOVE TAN AND FRECKLES.

The following formula, said to be that of Prof. White, is reported to be most successful for this purpose :

℞ Hydrargyri bichloridi...	gr. vj;	0.38 Gm.;
Acidi muriatici diluti...	℥j;	3.70 fl.Gm.;
Aquæ .....	℥iv;	120.00 “
Alcoholis.....	} aa ℥ij;	60.00 “
Aquæ rosæ.....		
Glycerini.....	℥j;	30.00 “

M. Apply at night, and wash from the skin with soap in the morning—*New Remedies*.

SKIN-GRAFTING.

For local stimulation in skin-grafting Charles W. McCarthy (Medical Press and Circular) employs the following :

℞ Vaseline.....	} aa ℥j;	30.00 Gm.;
Ungt. resinæ.....		
Acid carbolic.....	℥j;	1.50 “

M. Ft. ungt.

When clarified by submerging in another vessel containing hot water, it makes a very elegant preparation.

NITRITE OF AMYL AS A DISINFECTANT OF URINE.

M. Weiser claims for nitrite of amyl remarkable disinfecting powers, and employs it as a disinfectant in chronic catarrh of the bladder. Using it as an injection in the proportion of three drops to 300 grams (℥ixss) of water. For the disinfection and conservation of urine to be submitted for examination, he prefers nitrite of amyl to phenic acid.—*Med. Press and Circular*.



## CROUP.

Dr. J. J. Cassidy writes to the New York Medical Record that he begins the treatment of true croup with an emetic dose of wine of ipecac in sweetened water. When there is febrile movement a warm bath is resorted to for reduction of the temperature, after which he uses the following prescription (suitable for a child two years old):

R Potass. iodid..... gr. xv; 1.00 Gm.;  
Tinct. assafetidæ ..... fl. ℥ jss; 6.00 fl.Gm.;  
Tinct. senegæ..... fl. ℥ iij; 12.00 "  
Syrup. mori, ad..... fl. ℥ iij; 90.00 "

M. ft. mist. Sig. Teaspoonful every two, three, or four hours.

The iodide of potassium restrains nutrition, normal as well as abnormal, promoting elimination as well. Assafetida diminishes secretion and controls spasm. Senega is most useful after the inflammation when spasm has passed, and finally syrup of mulberries is indicated in sore throat, besides being a pleasant vehicle.

## ATROPIA FOR VOMITING IN PREGNANCY.

J. W. Wade, M.D., writing in the Medical Brief, says that after having failed with oxalate of cerium, bismuth, champagne, and ice, he has been able to relieve obstinate vomiting in pregnancy by atropia sulphate, one sixtieth of a grain (0.001 Gm.) to half a dram (1.85 fl.Gm.) of aqua dest., used hypodermically, in the arm, and oint. belladonna (U. S. P.) applied to the os uteri. He keeps the belladonna ointment by means of glycerin in a ball of cotton against the os for six hours of the twenty-four, after which he syringes the vagina with castile soap and warm water, and applies vaseline freely to the os.

## INJECTION OF QUERCUS ALBA FOR HERNIA.

The following formula Dr. Jos. H. Warren considers a suitable injection for the large majority of cases presented for operation:

R. Fl. extract of white-oak  
bark (quercus alba)... ℥ iv; 120.00 fl.Gm.;  
Reduced by distillation  
to..... ℥ j; 30.00 "  
Alcohol, 90°..... ℥ iij; 12.00 "  
Ether sulph..... ℥ ij; 8.00 "  
Morph. sulph..... gr. ij; 0.12 Gm.

Sig. Inject ten to twenty-five drops.

The syringe to be used is an invention of Dr. Warren's, especially adapted for these cases. The method of using the instrument is as follows: "With the valve closed the needle is inserted in the fluid to be used. The valve is now opened by a slight pressure on the lever. The pressure being continued, the piston can be retracted and the barrel filled with the fluid. The valve is then closed and the instrument is charged for use.

Having selected the most suitable point over the rings to be injected, we now thrust the needle slowly and gently, but at the same time firmly, through the integuments. During this act the needle revolves, because of its twisted form. As soon as it has passed through the integuments pressure is made upon the spring, which opens the valve and allows the fluid in the barrel to flow as slowly and in such quantities as the operator may in any given case think necessary."

## Miscellany.

THE TRICHINOSIS CRAZE.—M. Davaine recently read a paper before the Academy of Medicine, Paris. The Med. Press and Circular commenting upon it says:

As M. Davaine proceeded with the reading of his paper the brows of the members seemed to clear, their faces to become more serene. In language in which humor was combined with scientific rigor the honorable academician declared there was more danger while walking through the streets of Paris of a chimney falling on one's head than of contracting trichinosis by eating pork of French origin. As to American-cured hams, cooking them in the French manner destroys the trichinæ, if present, and thus renders harmless infected hams. It is quite unnecessary, therefore, to form a corps of inspectors, and send them, armed with microscopes, to repel the invasion of so benign and so little to be dreaded a foe.

It is to be regretted, however, that there has been so serious a disturbance of the custom of eating pork among the poorer classes of France and of the pork trade.

The question of trichinæ and trichinosis appears then to have been solved, and a decision given contrary to that expressed by the pessimists in the previous meeting of the academy. The absurd part of the affair is that this favorable if not optimist opinion is pronounced immediately after a ministerial decree (which adopts the opinions of the pessimists) has been promulgated absolutely prohibiting the importation of American pork. Almost at the moment when a member of the academy, one of those whose opinion carries most weight, declares the American-cured pork to be innocuous, a decree is promulgated interdicting it.

CITRATE OF CAFFEIN, in the experience of Dr. Hurd in the Eastern Michigan Lunatic Asylum, has proved serviceable in melancholia with vasomotor disturbances, anemic headaches, emotional distress, and active delusions of apprehension and distrust. It increases appetite and arterial tension and promotes digestion. It needs to be used for a considerable time before its beneficial effects become apparent. It has been particularly serviceable in relieving the persistent headache which accompanies nervous asthenia, and in one case of aortic insufficiency with anasarca it acted as a diuretic. *Mich. Med. News.*



IS MORPHIA CONTRAINDICATED IN RHEUMATIC FEVER?—A correspondent of the Med. Record asks the following pertinent questions, which we hope our readers will answer by making and reporting observations bearing upon the subject: "Has observation proved that there is marked intolerance of morphia in rheumatic fever? Do non-eliminated products of the blood render ordinary doses dangerous? Does the present popular use of salicylates or salicin intensify the effects of opiates? Why are there now more sudden deaths from rheumatism than formerly?"

[We refer our readers to an article by T. D. Acland, M.B.Oxon., which we publish in this number under the head of Selections, where the effect of salicylic acid upon the elimination of urea is considered. There is opened here an important field for observation. If salicylic acid prevents the elimination of urea and opium is capable of aggravating the conditions attendant upon its non-elimination, then certainly the practice of giving the two drugs together should be observed with more than usual caution.]

HYBRID OFFSPRING.—The Rocky Mountain Med. Review publishes an extract from a letter written by an army officer in Texas, which announces a colt born of a mare mule. The animal at the time of the bringing forth was serving as a pack-mule in one of the companies. "The colt was born dead and without hair, save about the eyes and on the hoofs." The sire is supposed to be an Indian pony captured on the staked plain some years ago.

The government owes it to science that this mule be released from pack-service and promoted to the dignity of a brood-mare. She might with proper care be made to bring forth living offspring, and through this instance of fertility some facts bearing upon the interesting subject of hybridism could be obtained. If her offspring should prove to be fertile, a new species for the *equidae* might be established.

We hope that some lover of natural history in the army medical corps will see to it that justice be done in this case both to science and the mule.

BENZOATE OF SODIUM IN ACUTE RHEUMATISM.—David Macewan, M.D., gives, in the British Med. Journal, a record of five cases of acute rheumatism which he treated successfully with benzoate of soda. Knowing that benzoic and salicylic acids were closely

related as to composition and physiological effects, he believed that the former should possess antirheumatic properties. With a view to determining this point, about a year ago he commenced prescribing it in the form of benzoate of sodium.

In the first case so treated the relief of pain and subsidence of fever were immediate. He gives the benzoate in doses of from fifteen to twenty grains every two or three hours. In all the cases so treated the symptoms passed off in periods varying from three days to a week after the commencement of the medicine. In none did cardiac symptoms occur, while convalescence proved to be more rapid than in similar cases treated with salicylate of sodium. Its advantages over salicylate of sodium (beside those mentioned above) are that it does not give rise to the nausea, depression, or unpleasant head-symptoms of this drug.

PUNNING AN EVIDENCE OF INSANITY.—A tendency to make weak puns is frequently found in cases of terminal dementia.—*Chicago Med. Review*.

[We are glad that the pathology of this disease is at length made out. Hitherto we had supposed it to be a symptom of arrested brain-development.]

THE distinguished pathologist of Charity Hospital, New Orleans, Dr. H. D. Schmidt, is publishing the results of many years' labor, in a book entitled *The Pathology and Treatment of Yellow Fever*. It will appear serially in the *Chicago Medical Journal and Examiner*. The first installment is to be found in the May number.

WOMEN DOCTORS.—The Women's Medical College of Philadelphia has sent forth in thirty years two hundred and seventy-six graduates. Dr. Rachel Bodley, the dean, has made inquiries with reference to the two hundred and forty-four female physicians still living. Of these one hundred and eighty-one answered the questions: Thirty had altogether given up the practice of medicine; ninety-eight had devoted themselves to the treatment of the diseases of women; fifty-nine were engaged as physicians in some asylum or hospital; three of the number stated that their profession had prevented their marriage; while forty-three declared that the study and practice of medicine had had a favorable influence in their domestic relations as wives and mothers.—*Med. Times and Gazette*.



**MENINGOCELE.**—A female child, last of a family of thirteen, was brought to the Children's Hospital when three weeks old with a cleft in the cranial and facial bones extending from the posterior fontanelle to the alveolar process of the jaw. Between the widely-separated eyes and nostrils there was a tuberculous swelling communicating freely with the cranial cavity. There was no cleft palate. Respiration was peculiar, a few short, quick inspirations being succeeded by a pause. The heart's action was accelerated. The mother said that when she was three months pregnant she was much frightened by seeing the body of her son in hospital mortuary, and to this fright she attributed the infant's deformity. The child lived to the age of four and a half months, and a post-mortem examination was refused. Out of thirty-nine cases recorded by Laurence twenty-one were males and eighteen females. In fifty-three out of seventy-nine cases the meningocele was occipital; in six instances adult life was attained; the majority dying in early life.

Mr. T. Smith said he had never seen a child so horribly deformed as the subject of Dr. Steavenson's paper. The major part of the brain was in the region of the nose, and the eyes were widely separated. It was remarkable that life had been prolonged to four months. The mother had told him that besides merely seeing her son in the dead-house she felt his head, and had been shocked to find his skull-cap removed and a soft, yielding vacuity where it should be. This produced a strong mental impression, to which the congenital defect of her child might be due.—*Dr. Steavenson, before the Clinical Society of London (Med. Press and Circular).*

**MALE WET-NURSES.**—The *Jour. des Sages-Femmes* has a notice of a German physician in Pomerania who makes a specialty of supplying wet-nurses. He excites the secretion of milk not only independently of pregnancy but in men as well as in women. An applicant for a wet-nurse is always asked whether a *male* or a *female* is desired. The former is preferred by some families, under the belief that greater vigor is thus imparted to the infants.—*Monthly Review of Med. and Pharm.*

**ROYAL PATRONAGE.**—The Hon. Thos. A. Scott, the railroad king, has paid his compliments to medical science by giving the University of Pennsylvania and the Jefferson Medical College fifty thousand dollars each.

**"A TERRIBLE MISTAKE."**—The LOUISVILLE MEDICAL NEWS records as "a terrible mistake" that two children were recently poisoned at Chicago through muriate of morphia being dispensed by a druggist instead of muriate of quinia. Commenting on the ease with which, from the similar appearance of the two drugs, the mistake may be made, the paper in question advises the invariable employment of the nitric-acid test before adding the salt to a mixture, and asks, "Would not any druggist do well to exclude morphia by means of a test so easily performed before dispensing any alkaloid of cinchona?" We think he would indeed do well—a good deal better than is to be expected of chemists, at any rate, on this side of the Atlantic. Dispensing assistants may be constituted of material to justify this aspiration in America; they would grievously disappoint the unwary enthusiast who depended on their energy to take any avoidable trouble in this country.—*Med. Press and Circular.*

**DOES EXCISION OF THE TONSILS IN A MALE INFANT DESTROY VIRILITY?**—Dr. Pennrose (New York Med. Gazette) says: I would never excise a male child's tonsils without explaining the possible effects to the parents, for I saw some years ago a statement made by a writer in one of the foreign quaterlies that amputation of the tonsils for the cure of chronic tonsillitis was sure to destroy virility in a man. Some time after reading the article in question a medical friend happened to drop in, and, not at all satisfied in my own mind regarding the accuracy of the writer's statements, I put the question directly to him: "Do you believe that amputation of the tonsils destroys a man's virility?" "O, no, Doctor," said he, "that is all trash; why I had my tonsils cut when I was a child." Gentlemen, my medical friend had been married twenty years. Though his wife is an unusually healthy-looking woman, she has never had a baby.

**OPENING THE PERICARDIUM.**—The Canada Lancet reports a case where incision into the pericardium was practiced for the removal of pus. The patient, a child ten years old, made a good recovery.

**MAKE WAY FOR THE LADIES.**—Mrs. President Garfield was attended in her recent illness by Mrs. Susan A. Edson, M.D. Her illness was due to nervous excitement and over exertion.



## Selections.

**Delirium following the Treatment of Acute Rheumatism by Salicylic Acid.**—By T. D. Acland, M.B.Oxon., in British Med. Journal:

In the British Medical Journal for January 29th there are reports of six cases of acute rheumatism treated with salicylic acid and accompanied by delirium. In his remarks on one of these cases Dr. Bastian put before his hearers the most recent views which have been expressed as to the causation of the delirium, and gave as his opinion that Dr. Murchison was probably wrong in attributing the symptoms to uremia. In the year 1877, through the kindness of Drs. Bristowe and Ord, the opportunity was given me of making some observations on this point, which incline me to believe that when the delirium is the result of the treatment, and not a natural sequence of the disease, uremia may play an active part in its causation.

The method in which the inquiry was conducted was as follows: The urine of patients who were being treated with salicylate of soda was collected for each successive period of twenty-four hours. The percentage of urea was estimated for a sample of the whole (the mean of three observations being, as a rule, taken); and then, by a simple calculation, the total amount of urea excreted in the day was determined. The result of these inquiries made in four cases—one of which lasted for twenty-one days—lead me to the following conclusions:

1. As a rule, the treatment was followed by a decline in the temperature.

2. The decline in the temperature was generally coincident with or followed by a marked diminution in the excretion of nitrogen, which, except in very minute quantities, is wholly excreted as urea.

3. The lowering of the temperature, diminution of pain, and lessened excretion of urea, were nearly coincident.

In two of the cases these results were well marked; in the one, treatment was discontinued twice, with the result each time of increased pain, pyrexia, and total amount of urea excreted *per diem*; in the other, in which it was unfortunately impossible to obtain accurate observations, treatment was discontinued five times, with the result on each occasion of similar changes in the temperature and urea excretion. In both cases, as soon as the salicylic treatment was resumed, the pain was relieved, the temperature fell, and the amount of urea passed in the twenty-four hours was much lessened. Do the facts justify the supposition that, supposing the temperature had not fallen and the salicylic acid had still been continued, delirium would have resulted? Further researches alone can decide, and the difficulty of obtaining all the urine which is passed when a patient is unconscious is so great that as yet my efforts to do so have failed.

Five cases in which albuminuria has been present have come under my notice. In all of them it has passed away during the continuance of the salicylic treatment; though, in one case, there was a very considerable amount of albumen present when treatment was commenced. Should these statements be borne out by further inquiries, they may have an important bearing on the vexed question of the causation of delirium by salicylic acid; since, if they are true, there may possibly be uremia due to lessened discharge, or

perhaps lessened formation of soluble nitrogenous excreta, without the occurrence of nephritis; and it would seem probable that in most cases the albuminuria is only a part of the febrile process and not due to the drug.

The results which have been observed in the treatment of enteric fever with salicylic acid seem to favor the above views; since the drug in many recorded cases has precipitated the appearance of the "typhoid" symptoms, which are generally ascribed to uremia.

From the nature of the investigation it has been difficult to obtain complete records of any large number of cases. Some accident has in many of them broken the chain of observations and made them incomplete; but these which have been recorded may, I venture to hope, lead others interested in the subject to continue the inquiry.

**Herpes**—J. Magee Finny, M.D., Dub., F.K.Q.C. P.I., Visiting Physician and Dermatologist to the City of Dublin Hospital, in Medical Press and Circular (concluded):

*Herpes progenitalis*—a better name than *H. preputialis*—usually attacks the sulcus of the glans penis or the reflected portion of the prepuce, though it may also attack the glans or the outer skin of the organ. It is a complaint of adult and middle life.

As I have already stated, this affection is by most authorities looked upon as a subdivision of *Herpes febrilis*, or, as I prefer to term it (after Liveing), *H. catarrhalis*, differing only in situation from *H. facialis*. It should, however, be noted that some writers deny it has a constitutional origin of a febrile or dyspeptic nature, and they refer it altogether to a local cause, such as coitus, or to the preëxistence of some venereal disease—gonorrhea, chancroid, and syphilis. Should you desire to extend your inquiries in this direction, I can commend to your notice an article, by Dr. Greenough, in the Archives of Dermatology for January, 1881 (Vol. VII, No. 1).

The symptoms of *H. progenitalis* will usually be slight itching and burning, and upon looking at the part a little patch of redness and swelling will be observed, and standing on the patches may be seen a little group or groups of vesicles, clear at first, but rapidly changing color to pus.

Should the patient come under medical treatment at this early stage, there will be no difficulty in making a diagnosis; but when the vesicles are broken, and little excoriations and superficial ulcers are formed, it will need much circumspection not to fall into grievous error as to its nature; and should the individual have had impure connection, or should he give a history of venereal disease, the difficulties become proportionately augmented.

The diagnosis between herpes and a specific hard sore is readily made, but not so with respect to a soft ulcer, especially if the prepuce, owing to edematous distension, be contracted. Under such circumstances a positive diagnosis can only be made after a few days' observation of the progress of the case, and how far it is affected by simple treatment.

Before mentioning the treatment for herpes catarrhalis, I would again remind you of its predilection for the regions of the body where the cutaneous and mucous membranes join. Nevertheless in some individuals you will find herpes making its appearance in a patch the size of a five-shilling piece on some part other than at the muco-cutaneous regions, mostly on the trunk, where it follows a similar course



to that in the face. I would also impress upon you its great tendency to relapses, as this knowledge will often aid you in making up your mind as to its nature.

The treatment for catarrhal herpes should be of the simplest nature, and in short should consist of soothing applications and means to prevent the vesicles being converted into nasty sores by illjudged irritation and stimulation.

When seen at its very commencement, before the vesicles are at all prominent or turbid, the frequent application of the liniment of belladonna will cause it to abort. It is usually further advanced when first seen, and then such treatment does no good. At this stage I advise that it should be painted with a good coating of flexible collodion, or, if much tingling and itching be present, Ferris's amyl colloid may be substituted, provided your patient do not object to the pervading peculiar smell of that preparation.

In *H. progenitalis* the collodion is not so applicable, both on account of the numerous wrinkles of the prepuce and because it will not prevent the inflammatory edema (and occasionally the balanitis) which may attend it. In these cases, and in the more advanced stages of herpes, wherever it may be, a weak lead lotion, or the lin. calcis applied on a piece of cotton or soft linen, will be most suitable. Should the herpetic abrasions be slow to heal, sprinkling them with calomel twice a day, or painting them with balsam of Peru, will hasten the process.

Whatever you do you must be prepared for the ailment running its course of seven, ten, or even fourteen days' duration; and in this, as in most other affections of the skin, it is better to do what may seem to be too little rather than err by doing too much.

**Acute Trichiniasis.**—Prof. Da Costa, in a clinical lecture on Trichiniasis, in the Pennsylvania Hospital (Med. News and Abstract), thus speaks of the treatment of this affection:

The treatment, as you are aware, was conducted mainly, excepting the carbolic acid, upon the general principle of supporting strength and relieving pain; the great object being to keep up the patient's strength until the parasites became encysted and harmless. But you may inquire, Is there nothing specific to cure trichiniasis by killing the trichinæ? I tried carbolic acid in this patient; but, as I told you, I can not claim that it was very effectual, because recovery had already begun before it was administered; still it was well borne, and I think the patient improved more rapidly under its administration than before. I shall in other cases try it again. It does not disturb the stomach, and on account of its destructive action on low forms of life it may, if we can get enough into the system, poison the parasite. Let me add that under the field of the microscope the trichinæ we found live less than a minute on addition of a concentrated solution of carbolic acid.

Benzine, given internally, has been highly recommended for the purpose of their destruction; but the German physicians, who have the greatest opportunities for studying trichiniasis, have abandoned the use of benzine; and so with picric acid, urged for a time as a valuable remedy, it has now entirely fallen into disuse; and calomel, oil of turpentine, and electricity have proved very disappointing. The treatment now followed by several distinguished authorities consists in giving large doses of glycerin, based upon the observation that when the living trichina is placed in

glycerin it quickly shrivels and dies. We have ourselves tested the matter here, and Dr. Jiminez, the resident physician, found, no matter how active the trichinæ under the microscope, that they perish at once when brought in contact with a drop of glycerin. I would advise you to try glycerin early in a case; at all events it will kill most likely the trichinæ in the stomach and intestine, without being injurious to the patient. Whether it will kill those in the blood and in the muscles is a different question, and I doubt much whether any amount of glycerin given by the mouth will accomplish this. But laying aside the administration of glycerin and of carbolic acid the main treatment is, I regret to say, nothing better than to support the patient's strength until the encapsuling is accomplished.

**Enteric Fever without Lesion of Peyer's Patches.**—Dr. J. W. Moore, at a late session of the Dublin Pathological Society, showed the lungs and intestines of a young woman, aged twenty-two years, who unfortunately caught typhus in the hospital when convalescing from a mild but undoubted attack of enteric fever, and whose death was caused on the twelfth day of typhus and the forty-sixth day from the commencement of the enteric fever, by an intercurrent attack of croupous pneumonia affecting the right apex. The enteric fever was characterized by a typical range of temperature, moderate ochrey diarrhea, marked splenic enlargement, an abundant crop of *taches bleuâtres* across the back, and a few rose spots. The fever subsided gradually; a temporary intermission, on the twenty-fourth day, being followed by a moderate recrudescence, lasting until the thirty-second day. On the thirty-fifth day the temperature rose abruptly, and within sixty hours an eruption of *maculæ* appeared. On the forty-third day (the tenth day of typhus) a pneumonia of the right apex showed itself, which proved fatal in about seventy-two hours. The post-mortem appearances were, briefly, typical croupous pneumonia of the right apex, very considerable enlargement of the spleen, which was in a state of putrilage. Peyer's patches were indistinct, and apparently perfectly healthy. There was no "shaven-beard" appearance, nor any trace of recent cicatrization. The case illustrated the doctrine of the essential nature of enteric fever, and of the inconstancy of its secondary intestinal lesions.—*Med. and Surg. Reporter; Can. Med. and Surg. Journal.*

**Iodized Starch as an Antidote to various Poisons.**—Dr. Bellini, of Florence, has recently drawn attention to the value of iodized starch, in a paper read before the medical society of that city. He points out that iodized starch has no unpleasant taste, does not possess the irritating properties of iodine, and may be administered in large doses. From the numerous experiments he has made he draws the conclusion that at the temperature of the stomach and in the presence of the gastric juice iodine is set free, and combines with many poisons to form soluble compounds which are comparatively inert. He therefore recommends it in all cases where the nature of the poison is unknown, and especially against hydrogen sulphide, the alkaloids, alkaline sulphides, caustic alkalies, and ammonia. It also materially suppresses the poisonous action of preparations of lead and mercury. In cases of acute poisoning, an emetic should be given soon after the administration of the iodized starch.—*Der Praktische Arzt; Practitioner.*



**Quiescent Scirrhus.**—Extract from Transactions of Clinical Society of London (Med. Times and Gazette).

Mr. T. W. Teale, of Scarborough, read a case of quiescent scirrhus which is still under his care. A lady, aged fifty-three, a widow, noticed eleven years ago a small, hard, painful lump in the left breast. The surgeon whom she consulted advised its removal, and Mr. Teale, who saw her soon after, considered it malignant, and gave the same advice. All idea of operation was declined. The tumor gradually increased, becoming adherent to the ribs; the nipple was retracted, and then obliterated. Pain, which was often excruciating, was relieved by morphia, taken up to four grains daily, and sleep obtained by chloral in increasing doses up to sixty grains. She became emaciated, feeble, bed-ridden, and apparently at death's door, living for two years on milk only. Eventually the chloral having been discontinued, owing to the distressing nervous symptoms to which it gave rise, a gradual change in the symptoms took place. Bodily health began slowly to improve, while the tumor began to shrivel, the discharge ceased, and the pain gradually diminished. Mr. Teale reported that during the last five years patient has remained well and fairly strong, able to walk some miles daily. She gradually resumed ordinary diet and modes of living, and takes less than a quarter of a grain of morphia daily, while the present condition of the shriveled breast-tumor was shown by a photograph recently taken, which Mr. Teale exhibited to the members.

Dr. Althaus said that instances of quiescent cancer occurred and had been termed "retrogressive." The diagnosis was always important in such cases, and it would be well if direct examination of a portion of the tumor could be made in every instance of doubt.

Dr. T. Williams considered the experience obtained with chloral gave the case additional interest. He was inclined to question the accuracy of ascribing the symptoms which left the patient when chloral was discontinued, as being entirely induced by that drug. Chloral had been given in much larger doses (fifty grains) without such symptoms, and in this case it was combined with large doses of morphia. Might not the symptoms here have been as much due to the morphia as to the chloral? Dr. Williams cited examples of tolerance of chloral exhibited by patients. In a case described to the Chloral Committee, an old gentleman with large heart and brain-disease, accompanied by sleeplessness, had taken half a dram every night for six months, with occasionally ten or fifteen extra grains. He always had a good night when the drug had been taken, and a bad night if it had been omitted. There was in his case no bad result of any kind. In another case a man took ten-grain doses every four hours for several days on account of asthma. The spasms were reduced and a purpuric rash was the only ill effect produced. This had ceased when the drug was omitted.

**Varices in Pregnancy.**—Letter from Dr. J. C. Lucas, India, to the Med. Times and Gazette:

Anent the annotation in your issue of December 18, 1880, on the above subject, noticing a monograph by M. Budin, of Paris, I beg to observe that these varices in pregnancy had often come under my observation. Not only have I seen the varicosity in the most frequent part, the leg, but also in the hypogastrium, vulva generally, and labiæ majora and mi-

nora and clitoris in particular, and notably in one case which caused some anxiety. During the eighth month of utero-gestation, accompanying anasarca, there was frequent retention of urine; the cause of the latter, as suspected by Dr. Matthews Duncan (under whose care the patient was) was, I think varicosity (and consequent anesthesia) of the bladder. In this case the woman was a multipara, and had been operated on by Sir James Simpson after a previous childbirth for recto-vesical fistula. Can it be possible that in such a case—which must, I believe, be not uncommon in the practice of specialists—the presence of albumen in the urine, and even of grave uremic symptoms, may be due to this cause? If so, catheterism and the retention of a gum-elastic catheter *in situ* through a diaper, would be indicated, not merely for the relief of the bladder, but moreover, for the prevention of those alarming symptoms from supervening. In an article I think, published by me in 1873 or 1874, either in these columns or in the Lancet, I referred to this matter *en passant*.

The Physician and Surgeon gives these practical hints. Some of them are well known, but their importance is sufficient to warrant the journalist in keeping them before the profession:

Some bladders are sacculated, and can not be emptied with a catheter.

In parturition the mother's bladder should always be emptied before the child is delivered.

In parturition a cystocele has been mistaken for the bag of waters. Such an error can only happen to an ignorant or careless practitioner.

To relieve retention of urine in a woman after childbirth, an elastic catheter with a bougie completely filling its interior should be used. This will prevent the instrument from becoming clogged with mucus.

[In parturition the mother's rectum should be emptied before the second stage of labor begins. Neglect of this precaution has injured many a woman and punished many an inexperienced accoucheur.]

**Hot-water Compresses in Tetanus.**—Warm or hot baths in tetanus have frequently been found to give great relief; but in many circumstances it is practically impossible to give them. In view of this, in the treatment of tetanus and trismus, Dr. Spoerer has successfully employed hot-water compresses. He dips a large enough piece of coarse flannel in water of a temperature which can just be borne by the hand (50° to 55° C.), and applies the compress to the occiput and along the spine.—*Med. Press and Circular*.

**Nasal Catarrh.**—Dr. Hamill, in Medical and Surgical Reporter, says: A man for five years had suffered from nasal catarrh. Almost every thing had been tried without benefit, when he was recommended to plug the nostrils alternately with cotton. He found great relief from this simple treatment, and I call attention to it, so that others may try it.

Dr. Cathell, says: I have tried it and found it beneficial. I got the idea from a little article going the rounds of the press. A German was the originator, and had used it in fifteen cases; all got well. Average duration of treatment, twenty-one days. I have used it for about one year, and know of no case which has not been cured or greatly benefited. It gives rest to the irritated membrane. I do not use it in ozena.—*Southern Med. Record*.



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## RHYTHM IN MEDICAL PROGRESS.

The wave-action in physical forces and the changes of political parties, the variations and revivals in fashions of dress, and the alternating epochs of belief and indifference in religion alike display the operation of the principle of rhythm.

The movement in the medical sciences is not exempt from this law impressed on motion in general. It has its periods of unimpeded progress, which alternate with intervals of stagnation or even retrogression. Like convalescence from disease, it is still liable to partial relapses, which, while they retard advance for a time, are but necessary conditions of all forward movement. Antagonistic agencies are ever at work in the medical sciences, having the mission to check license in theory and tending to make sure the grounds for further deductions.

The prevailing spirit of the scientific work at the Richmond meeting illustrates this law of rhythm. It was a conservatism suited to the social and political atmosphere of the old capital city of a people disposed to cling with reverence to traditions, and to look askance upon the innovations of modern thought.

In Dr. Hodgen's address as president was vividly portrayed a picture from which he thought it worth while to avert the admiring gaze of his audience. "Simon excises a kidney, turns an aberrant ureter into the rectum, touches, through the natural passages, a stone in the kidney, and immedi-

ately hundreds of ambitious surgeons are seeking kidneys to excise, ureters to turn, and renal calculi to touch. Battey removes an ovary for the relief of an obscure nervous disorder, and forthwith ovaries are extirpated for almost every imaginable nervous disease. Billroth cuts out a cancerous larynx or a diseased pylorus, and at once a demand springs up for similar cases, and the daring operations are repeated in all the four quarters of the globe."

From the class of young enthusiasts seeking to perform every new operation many recruits are made to the opposite class of cautious and conservative surgeons, but frequently only after bitter lessons of disaster and disappointment. Instead of recounting these great exploits to excite admiration, instead of congratulating mankind on the ingenuity and mastery over nature exhibited in these instances, the orator reminds his audience that although every region of the body might be invaded without necessarily destroying life, there were general influences ever present to control and modify these injuries inflicted for beneficial purposes, influences more worthy of consideration than the immediate surgical result, however brilliant. In this calm hollow left by the recoil from the wave of daring surgery there is much repose for the judicious mind.

The work of the section on Practice was opened by a paper from Dr. Wile, of Connecticut, advocating the "free use of the lancet in acute pneumonia." This position was fortified by Dr. Davis, of Chicago, who was compelled to state that the old-fashioned method of liberal bleeding, used with dis-



crimination, gave him the best results in treating that disease. Young physic had an able representative in Dr. Whittaker, of Cincinnati, who maintained that venesection should never be revived as a cure for any of the acute infectious diseases to which category modern pathology had assigned croupous pneumonia. It is related by a veracious observer that no debater under forty had a good word for the "lost art," as Dr. Gross has styled it. All favorable allusion to bleeding in internal medicine smacked of a reaction so out of harmony with the whole body of recent medicine as to provoke the indignant remonstrance of those who felt themselves well in the modern current. The back swing in this matter was taking too free an excursion to be tolerated.

Dr. Pepper departed from the rule which provides that chairmen of sections shall deliver addresses on the advances of the past year. There had been so many original observations and investigations recorded in the various journals that a summary seemed unfit for the occasion. He accordingly gave his attention to the fashionable topic of the septic processes and zymosis, deprecating the too ready adoption of the theories that owed much of their currency to the "writings of the German school which have been thrust indefatigably upon the mass of American students." With us the larger half of all diseases are catarrhal affections of the mucous membrane. Local lesions of this class are important, even in the specific infections, which it was a dangerous tendency to consider as blood-disorders, self limited and uninfluenced by remedies. The teachings of Broussais upon the enormous significance of these lesions in a former generation embodied a truth which has of late years been too much lost sight of under the influence of the modern theories of zymosis. If the diet and treatment of typhoid fever at the start be adapted to the gastro-intestinal catarrh, which is then present, there will seldom be need for the external antipyretic measures so commonly resorted to. Imprisoned ca-

tarrhal secretions, rich in organic matters, easily decompose and form poisons which produce serious septic fevers that are often mistaken for zymotic or malarial fevers.

Indeed one with half an eye could see that Dr. Pepper has no very profound respect for the foreign works on practice which burden our shelves and which are tinctured so strongly with the zymotic hypothesis. He represents a very considerable party in this country, which, after welcoming the invader with open arms, are now by the rhythmical force of nature insisting upon "a truly national American system of medical thought." The spirit of medicine may say, as said the Earth Spirit to Faust—

"In the tides of life, in action's storm,  
Up and down, like a wave,  
Like the wind I sweep!"

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## Original.

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### THE ADVANCE IN MEDICINE.\*

BY DR. T. B. HARVEY.

The medical mood of today does not respect authority unless sustained by demonstrative proof. It rejects dogmas from within as well as heresies without. As has been said, we "have arrived at that stage which forces its students to that most valuable position, the knowledge of when a thing is proved and when it is not proved; a position which sustains real medicine and is a deadly enemy to quackery;" a position which was recognized by John Hunter, who, in a letter to his pupil, Edward Jenner, wrote, "I think your solution is just: but why think—why not try the experiment?" Progressive medicine accepts inductive philosophy only so far as it is sustained by practical deduction. It consists in the union of theory and empiricism. We have learned to appreciate the golden rule of Chomel: "It is only the second law in therapeutics to do good," the first being "not to do harm."

Within the three decades more has been done by discovery and investigation to perfect the science of medicine than in all the ages that have preceded it. Various new and

\* An Abstract of the President's Address, Indiana State Medical Society.



valuable remedies have been discovered, and we certainly have learned new applications of many old ones. The active principles of medicines have, through the aid of chemistry and pharmacy, been ascertained and their definite action on the system noted by the experimental physiologist; and while in a few conditions the crude article formerly employed is attended with more benefit than its salts (as in the case of opium), generally great advantage is derived from the salts in the certainty and promptness of effect, with less disagreeableness in their administration. We no longer fear the use of quinine in fevers and inflammations, nor wait to prepare the system by a course of alteratives for its exhibition; and we have learned that the earlier it is given the better, and this regardless of fever—nay, the higher the fever the better it is tolerated—and that in appreciable doses we get its sedative effects. By the theories of our immediate predecessors opium and its preparations were contraindicated in fever and phlegmasia unless premised by venesection and cathartics. Now they are considered the most efficient and safe remedies in a majority of these diseases. Although Sydenham, two hundred years ago, thanked God that we had such a remedy in dysentery as the juice of the poppy-head, it remained for this period to practically prove that it is chiefly to be relied on in this disease. Alonzo Clark, about 1850, gave us information that in peritonitis it is the sheet-anchor. In his earlier days it was given after full bleeding to prolong the effects of venesection. By careful observation he discovered that the good effects resulted without the latter, and now perhaps no rational physician has failed to realize the fact that while it relieves pain and irritation, it also subdues inflammation.

The practical adaptation in medicine of the various means for aiding our diagnosis, some of which are new and some old, marks a difference between the physicians of today and those of the past, although perhaps there are yet to be found in the profession those who need not the aid of the stethoscope, microscope, chemical analysis, thermometer or speculum. By the aid of such means we are at the present enabled more fully to understand conditions which were formerly beyond our reach. By the use of the fever-thermometer we can now often know with precision the presence or absence of danger, and we can clearly see why in former times we thought patients convalescent when the tongue had cleaned and become moist, the

pulse slow, and the skin cool and perspiring, but in which we often found what we regarded as relapses, as now we know that had the temperature been tested by the thermometer it would have shown that the fever still existed.

The developments in physiology and pathology of the nervous system have been so great that a work written but a few years ago is so far behind in its teachings, in part or in whole, it is useless and misleading. We recognize the fact that constitutional disease is often attended with local manifestations, and on the other hand local disease often exists with subjective symptoms, or reflex disturbances, so well marked as to entirely obscure the cause; and the true physician will look well to all the conditions of his patient, and not blindly or with prejudice act with any exclusive ideas. It is entirely within this period that such great and rapid advancement has been made in the treatment of surgical diseases of women. Thirty years ago benign diseases of the cervix uteri were regarded and treated as malignant. Dr. Henry Bennett, of London, discovered the error, and thus removed them from the domain of malignant diseases to that of inflammation with its accompanying results. Eighteen years afterward Dr. Emmet discovered that what Bennett had seen as inflammation was generally laceration and its accompanying results—eversion, hypertrophy, abrasion, displacement, etc.—and the appropriate treatment whereby a complete cure is effected in a short time. We have learned more than ever to recognize the influence of the mind on the body, and to see in it a factor that is capable of producing and curing disease. The subject is, as it were, yet in its infancy; and if it could long ago have been separated from the religious fear of materialism, as it is rapidly becoming by the union of physiology and psychology, its investigation would have been followed by the addition of valuable and interesting truths, which are yet seen only through the mist of preconceived religious errors. That thought is the essence of the brain, or that the cerebrum produces it, is as susceptible of proof as any other proposition in physiology. It is our duty to accept that which can be proved in relation to this subject, while at the same time we receive the doctrine of the soul as a controlling element or an immortal part upon faith, as we accept the plan of its salvation. Mind, sitting on its physical throne as a ruler, depends for its support upon the proper performance of



function by all its subjects, the organs. Thus, while we admit that it emanates from, and depends upon the *vis vitæ*, we need not necessarily exclude the doctrine of life, the *Psyche*.

Not only does this age enable the medical fraternity to more powerfully grapple with disease, but it gives the people advanced ideas of hygienic rules, and their great value when properly respected. As evidence of this we need only look to the sentiment of the public as expressed through the acts of the respective legislatures of the States and the general government. We may also congratulate ourselves that through the efforts originating in this society we at last have a good law establishing a board of health, and we trust that the hope of its friends will be realized in its proper execution. The first board of health in the United States was established in Massachusetts in 1869. Indiana is the twentieth State which has adopted such measures. This salutary influence in preserving health and preventing disease thus extended with each succeeding year is encouraging.

We can no longer censure the people of the State for a failure to provide for their protection from incompetent and dishonest practitioners, as each branch of the legislature, at its last session, passed a bill recognizing the right principle upon this subject. For some reason neither of these bills passed both houses. The cause of this failure must rest somewhere, and it would be proper for this society to adopt some measure to ascertain why, after so many years of labor by petition, by committee, by personal entreaty on the part of many regular physicians, and a clear majority in each house, we still have no law. Whose toes were liable to be stepped on, or whose ambition was in danger of not being realized? Evidently the fault lies in the ranks of medicine-men; and it is the duty of this society to purge itself of censure. If the law-making element fails in its duty to make provisions for the unprincipled and ignorant practitioners who infest every community and extort money from the sick and suffering, we may at least gain a small degree of consolation from M. Raimon's metempsychosis, according to which the souls of ignorant and unworthy practitioners pass into the animals upon which vivisection is performed. Probably the Indiana legislature has concluded to rely upon this mode of punishment; but chloroform was discovered after Raimon evolved the idea, and, were he living, he would be compelled to "rub his

brow and scratch his ear" again for some additional means of punishment; because the "frog or salamander, guinea-pig or dog" now lies unconscious, while their nerves are irritated, their plexuses cauterized, their ganglions pierced, and their muscles galvanized. If this solution of the question is accepted, we will have a demand for more medical colleges to use up the material.

## Correspondence.

### ANTISEPTIC SURGERY IN GERMANY— BLATTA ORIENTALIS, ETC.

[A LETTER FROM DR. THOS. BROWN, JR., B.A., F.R.S., TO DR. L. S. OPPENHEIMER.]

*My dear Oppenheimer:*

Respecting the antiseptic procedure of Lister, I may say that it is still in full swing here, with certain modifications. The spray is done away with (as has been stated in the *LOUISVILLE MEDICAL NEWS*) to a great extent. Professor Lücke does not use it at all, and Professor Freund uses it only for disinfecting the operating-room before and during operations, not playing upon the wound at all.

Lücke's method is as follows: The limb or part to be operated on is carefully cleaned with cotton wool moistened in turpentine. At intervals during the operation the wound is washed with a weak solution (two and a half per cent) of carbolic acid, and *once* with a five-per-cent solution. In rectal operations permanganate of potash is used instead of carbolic acid. The drainage-tubes are usually of caoutchouc; but in certain cases, such as excision of the *mammæ*, removal of large tumors, etc., drainage-tubes made of "eut-kalkte knochen" (i. e. bones from which the lime has been chemically removed) are used. In these cases a novelty is lately introduced, viz. the use of an instrument like the shoemaker's eyelet-nippers. With this drainage-holes are punched through the skin near the lowest part of the wound, and through these the decalcified bone-tubes are inserted, which are absorbed in a short time. Both Lücke and Boeckel (a celebrated French surgeon here) use moistened tarlatan for covering the operated part. The following is the solution used for this purpose:

Carbolic acid.....	3.00;	3 v;
Water.....	50.00;	3 x;
Alcohol.....	5.00;	3 j;
Glycerin.....	5.00;	3 j.



Steep the tarlatan in this for a week, and then put it through water once immediately before using.

Prof. Freund uses the most excessive disinfectant precautions during his ovariectomies and laparo-hysterotomies. Lookers-on must change their dress for a disinfected one, and must not touch patient or instruments. The result of these precautions is that peritonitis is almost unknown.

Have you tried the Russian diuretic yet, the *Blatta orientalis*? It is a powder of black beetles. Prof. Kohts says that it is the *only* diuretic, and Prof. Kussmaul uses it extensively in the Medical Clinic. I see in Wood's Therapeutics it is barely mentioned.

More anon. Yours, THOS. BROWN, JUN.

9 SPITAL PLATZ, STRASBOURG, 2d April, 1881.

## Clinical Lectures.

### ACUTE HYDROCEPHALUS.

BY J. LEWIS SMITH, M.D.

*Professor of Diseases of Children, Bellevue Hospital Medical College.*

The history of the case before you, gentlemen, as far as can be ascertained from the mother is as follows: The child is ten months old, is nursing, and the mother has plenty of breast-milk. There is no history of tuberculosis in the family; has been uniformly healthy up to three months ago, when after slight febrile movement an eruption appeared, which from the description of the mother must have been chickenpox. At the usual time the eruption declined and the child has not been well since. Two weeks ago was taken with severe vomiting, and since that time the stools have been lingering, and for the past week there have been no passages and a high temperature has developed. Chickenpox has no long prodromal period like smallpox. The fever and malaise continue about twenty-four hours when a superficial eruption appears; mild as it is, however, it has from fifteen to seventeen days incubative period. This is longer than that of the other eruptive diseases and of diphtheria. In this case the eruption has disappeared without cicatrization, indeed scars are never left except in children of decidedly strumous diathesis, or where scratching has caused them.

Supervening upon the chickenpox this child by a mere coincidence has meningitis, and it is to this that I wish to call your attention more particularly.

Two weeks ago vomiting was developed, succeeded by constipation. At present the pupils are dilated, the eyes nonsensitive and sightless, one pupil larger than the other; the child is exceedingly stupid, and what is pathognomonic of this affection, there is sudden flushing of the skin on pressure, rapidly disappearing, however, when pressure is removed, and succeeded by abnormal paleness. The mother tells us that the child had no severe eclamptic seiz-

ures, but for the past week has had twitching of the muscles of the extremities.

This is a case of simple meningitis in the stage of effusion; the most prominent symptom is the stupor.

If it had been a cerebro-spinal meningitis, the onset of the disease would have been much more severe, there would have been well-marked convulsions and opisthotonos; if it had been tuberculous meningitis, there would have been a history of cough, whereas, we find none, nor have symptoms of otitis media ever been observed.

If we could have watched this case develop we should have seen congestion of the brain substance, followed by exudation of fibrin and pus in the meshes of the pia mater and underneath it. This would be followed by the sero-fibrinous and transparent effusion into the lateral ventricles, the walls of which would soften and break down. If this case lingers along, unless the sutures are firmly united, the head enlarges.

As to treatment (could we have seen the child in the earlier stage of the disease, before effusion), the two remedies to be relied on chiefly are ergot and iodide of potassium, to these we might add bromide of potassium if nervous symptoms are developed. I usually give two grains of iodide of potassium every hour, and seven to eight drops of Squibb's fluid extract of ergot every third hour. Some resort to post-aural vesication, and, though it does no harm, I believe it does little good. Our aim in this stage must be to promote absorption of the effused products of inflammation.—*Medical Gazette.*

## Medical Societies.

### INDIANA STATE MEDICAL SOCIETY.

The Indiana Medical Society opened its Thirty-first Annual Meeting at the Park Theater, Indianapolis, Wednesday, May 18th.

After the meeting had been called to order by President Harvey, and opened with prayer by Rev. G. L. Curtiss, the committees were appointed and the morning session closed with the presentation of a paper by Dr. Wm. Commons, of Union City, on Trichina, with report of a case, which was followed up in the afternoon by the reading by the secretary of a paper by Dr. J. H. Alexander, of Clifty, on Trichinosis. Papers were subsequently presented by Dr. R. A. Davis, of New Albany, on Cretaceous Biliary Fistula; and The Cold Bath in Pneumonitis, by Dr. L. D. Waterman, and on Amputation of the Knee-joint, by Dr. R. E. Haughton.

Two reports on medical legislation were presented from the committee having that matter in charge. That of Dr. J. F. Hibberd, of Richmond, which represented the views of three of the five members of the committee, took strong ground against both the House and Senate bills, discussed in the last legislature, and argued that the proposition known as the Edwins Bill was in all respects the best for the interests of the medical profession and the public welfare. He expressed the opinion that it was better to have no legislation at all rather than to accept that which was embodied in the Yancey Bill. The other report, which was presented by Dr. Jameson, took opposite ground, and was a defense of the Yancey Bill. Both reports urged that an effort should be made to har-



monize the differences that exist, so that some practical agreement might be reached as a basis for legislation at a future time. Finally, the whole subject was referred to a special committee of five, whose report was presented on Wednesday at 3 P. M.

A report on the State Health Commission was presented by Dr. Thad M. Stevens, and a report on Sanitary Progress by Dr. J. W. Compton.

The Committee on Credentials reported against the admission of the representatives of the Fulton County Society, because it has admitted to membership eclectic and homeopathic practitioners; and advised the society during the next year to purge itself of all irregular practitioners. The same committee reported in favor of the admission of the delegates from the original county organization of Allen County, on the ground that under their articles of association it was not competent for the society to recognize two societies in any county.

The evening session was occupied entirely with the address of the president, Dr. T. B. Harvey, whose subject was *The Advance in Medicine*. The address was listened to with the greatest interest by a large audience.

On the second day the Committee on Nominations was made to consist of one member from each county society, the same to report later in the day.

On motion of Dr. Commons, the Committee on Ethics and Credentials was appointed to meet in Indianapolis just prior to the annual meeting of the society.

The report of the committee appointed to arrange for a legal organization of the society was again presented, and, after a lengthy discussion, adopted. It made the point that county societies which had admitted members from other counties had thereby acted illegally, and that such persons were not members, but that the society forfeited no rights by such action.

Dr. W. F. Cady, of Lafayette, read an interesting paper on Remarkable Gunshot Wounds, and Dr. Hibberd, of Richmond, read a report from the committee on the rival societies of Allen County, and recommended the appointment of a special committee to thoroughly investigate the matter. The recommendation was concurred in, and the committee was made to consist of Drs. Waterman, Kennedy, Bell, Gerrish, and Remington.

Dr. Hibberd, from the Committee on Necrology, reported fourteen deaths in the profession during the past year, and upon motion it was ordered that short obituaries of the deceased members be published in the proceedings.

Dr. John S. Dare, of Bloomingdale, read an interesting paper on Quinine as a Tonic.

The report of the Finance Committee, recommending the payment of one hundred dollars to the secretary and fifty dollars to the chairman of the Committee on Publication, was adopted.

The report from the Special Committee on Medical Legislation was read, and, after a warm debate, concurred in. The report contained strictures on the apathy of doctors in the last legislature, praised the Yancey Bill as the best that had been offered, and recommended the discharge of the old committee, the appointment by the president of another committee of five, which shall pursue and nurture the matters and things under consideration, and which shall prepare and report a bill to the next annual meeting of this society, and, if possible, embody in it the results of medical legislation in older States, so that the next legislature may have less excuse than

the last if they should fail to give the people a good law.

On the next day, by a vote to reconsider the passages reflecting on medical members of the legislature, the following committee was appointed to draft a bill to be presented to the next legislature: Drs. Thad. M. Stevens, George F. Sutton, William Tomox, J. L. Wooden, and J. M. Compton.

The following Committee upon Prize Essays was appointed: Drs. E. S. Mumford, John A. Moffit, and R. N. Todd.

#### ELECTION OF OFFICERS.

The Committee on Nominations reported the following officers for the ensuing year, and the report was concurred in:

*President*—Dr. Marshall Sexton, Rush County.

*Vice-president*—Dr. F. J. Van Vorhis, Indianapolis.

*Secretary*—Dr. E. S. Elder, Indianapolis.

*Treasurer*—Dr. G. W. Burton, Mitchell.

*Librarian*—Dr. L. L. Todd, Indianapolis.

The remainder of the afternoon was devoted to papers: *A Contribution to the Study of Infectious Diseases*, Dr. L. C. Johnson, Fountain City; *Private Hygiene*, Dr. J. W. Hervey, Indianapolis; *Fibroid Tumors of the Uterus*, Dr. Joseph Eastman, Indianapolis.

The pork craze as denounced in a resolution was referred to a special committee.

[TO BE CONTINUED.]

## Reviews.

**Lectures on Diseases of the Nervous System, especially in Women.** By S. WEIR MITCHELL, M.D. Philadelphia: Henry C. Lea's Son & Co. 1881. Pp. 238.

It would be difficult to instance a treatise which in such a small bulk contained so much good sense as *Fat and Blood*, written by Dr. Mitchell about five years ago. The thoughts which gave to it a leading force have been elaborated in this larger work. What had been then only experimental with the author is now put forth as a proved acquisition to the science of therapeutics.

Carefully worked out problems in diagnosis and clinical history, and many hints of value to the practitioner, are to be found in its covers. If the reader seeks positively-drawn lines to mark the characters of a hysterical disorder he may be disappointed. It is not the author's style. He recognizes the vague nature of the disease, the protean forms it takes, its marvelous powers of dissimulation, and appears to rely on his own judgment of women as much as in the diagnostic distinctions drawn by the faculty.

He has known three deaths in hysteria; all were abrupt, and two were due to acute congestion of the kidneys. It is the common assurance to friends of hysterical inva-



lids that the disease does not tend to shorten life, but Dr. Mitchell apparently considers the hysteria as having something more than a casual connection with death in the three cases named. Long familiarity with patients of this class has given him distinct views as to what is needed, and by the unflinching purpose which grows out of them he now treats hysterical disorders with a success he did not formerly have. From the "metal cure" he has, after many trials, obtained in anesthesia only a slight local change in feeling, but no such phenomena of transfer so frequent in the hands of Charcot.

For hystero-palsies the appeal to emotions he thinks an unmanageable and unreliable remedy; evil is quite as likely to be prominent in the result as the good. He believes in the occasional value of induction currents, but has no faith in the drugs once relied on except as they act indirectly by removing anemia and defects of nutrition. Instead of wasting time on antispasmodics, a careful inquiry into the causes must be made, and persistent treatment applied to them. Anemia weakens the power of self control, disposes to emotional disturbance, loss of appetite, and then in their train come lowered nutrition and invalidism. Hundreds of successes indorsed the method of restoring weight and blood by the use of seclusion to cut off excitement and sympathy; by absolute rest; by massage as a substitute for fatiguing exertion; by electrical excitation of the muscles acting as a tonic and exercising agent. Womb and ovarian troubles are to be removed as a preliminary, though this is not in all cases necessary. They sometimes recover with the hysteria. The diet begins with milk, then are added malt and soup, iron, alcohol rarely, and cod-liver oil by mouth or rectum, ending in rich and abundant food.

Lectures of a very entertaining nature are to be found on mimicry of disease, spasmodic affections, chorea, disorders of sleep, and various hysterical disturbances of health.

The style has more pretensions to literary finish than is usual with medical books, and, notwithstanding the really valuable scientific matter it contains, it impresses one with the idea that it is intended as much for the people as for the profession. It is none the less welcome to our library.

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SIR WILLIAM JENNER, M.D., K.C.B., is the new president of the Royal College of Physicians of London.

## Books and Pamphlets.

THE DISEASES OF CHILDREN: A practical and systematic work for Practitioners and Students. By W. H. Day, M.D., Physician to Samaritan Hospital for Women and Children. Second edition, rewritten and enlarged. Philadelphia: Presley Blakiston. 1881. Pp. 750. Muslin, \$5.

MEDICAL ELECTRICITY: A Practical Treatise on the Application of Electricity to Medicine and Surgery. By Roberts Bartholow, A.M., M.D., LL.D., Professor of Materia Medica and General Therapeutics, Jefferson Medical College, etc. With ninety-six illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881. Pp. 258.

A MEDICO-LEGAL TREATISE ON MALPRACTICE, MEDICAL EVIDENCE, AND INSANITY, COMPRISING THE ELEMENTS OF MEDICAL JURISPRUDENCE. By Jno. J. Elwell, M.D., Member of Cleveland Bar, Professor in Several Colleges. Fourth edition, revised and enlarged. New York: Baker, Voorhis & Company. 1881. Royal octavo, pp. , bound in best law-sheep, \$6. Sent by mail, postage paid, upon receipt of price by the author, J. J. Elwell, Cleveland, Ohio.

## Formulary.

### BERBERIS AQUIFOLIUM IN LEUCORRHEA.

Dr. A. J. Roe writes, in the Therapeutic Gazette:

When there is simply a leucorrheal discharge, the patient being otherwise in good health, I usually order one ounce of the fluid extract of berberis aquifolium to be added to three ounces of the syrup of tolu, and let the patient take a teaspoonful three times a day before meals. No local application of any kind need be used. The following combination has given me excellent results in all cases of leucorrhea, amenorrhea, dysmenorrhea, and as a general uterine tonic and "female-regulator:"

R Ext. berberis aquifolii fluidi,  $\frac{3}{4}$  j; 32.00 fl.Gm.;  
Ext. viburni prunifolii fluidi,  $\frac{3}{4}$  ss; 16.00 "  
Tinct. pulsatillæ.....  $\frac{3}{4}$  j; 4.00 "  
Syr. tolu, q. s. ad.....  $\frac{3}{4}$  iv; 128.00 "

M. S. One teaspoonful three times a day, before meals, in water.

This combination will be found to give good results not only in the troubles above mentioned, but in all cases where there has been much trouble from irregularities of any kind.

### IMPROVED STYPTIC COLLOID.

Collodion..... 100 parts;  
Carbolic acid..... 10 "  
Tannin..... 5 "  
Benzoic acid (from the gum)... 5 "

Mix the ingredients in the order above written until perfect solution is effected. This preparation has a brown color, and leaves upon evaporation a strongly adherent pellicle. It instantly coagulates blood, forming a consistent clot, and a wound rapidly cicatrizes under its protection.—*Druggists Circular.*



## MISTURA QUININÆ SALICYLATIS.

A convenient method for the extempore preparation and administration of salicylate of quinine is the following:

℞ Acidi salicylici.....	℥j;	4.00 Gm.;
Quiniæ bisulphatis....	gr. x;	0.64 “
Syrupi .....	fl.℥j;	30.00 fl.Gm.;
Liquor. ammon. fort...	fl.℥j;	4.00 “
Aquæ.....	fl.℥ xvj;	480.00 “

The bisulphate of quinine and the salicylic acid are shaken with eight fluid ounces of water and permitted to stand for a short time; then the ammonia is added under renewed agitation, finally the syrup and the rest of the water. Occasionally it is necessary to add a little more ammonia to produce a clear mixture.—*London Lancet*.

## DEPILATION BY RESINOUS APPLICATIONS.

Dr. L. D. Bulkley, of New York, recommends the following formula and process for depilation in cases of favus:

Yellow wax.....	℥ij;	12.00 Gm.;
Shellac.....	℥iv;	16.00 “
Resin.....	℥vj;	24.00 “
Burgundy pitch.....	℥x;	40.00 “
Gum dammar.....	℥x;	40.00 “

Melt them together and form into sticks from one fourth to three fourths inch in diameter and two to three inches long. The hair having been cropped short, the stick is applied with a slight rotary or twisting motion, and after a few minutes removed by bending it sidewise, by which movement the hairs adhering to it will be withdrawn. The hairs thus left on the stick are burned off. In ringworm of the scalp the disease renders the hairs so brittle that they will break before being pulled out, so that the method will not be applicable in this disease.

## EUCALYPTUS GLOBULUS AS AN ANTISEPTIC WASH.

Dr. G. W. Duncan, in the *Canada Med. and Surg. Journal*, uses the following as a local application to wounds. The results in case given were excellent:

℞ Ol. eucalypt. glob.....	℥ij;	12.00 fl.Gm.;
Alcohol.....	℥ij;	60.00 “
Aquæ.....	℥ xvij;	540.00 “

## DILUTE HYDROBROMIC ACID.

Bromide of potassium.....	gr. 120;	8.00 Gm.;
Crystallized tartaric acid..	gr. 153;	10.20 “
Water.....	fl.℥j;	30.00 fl.Gm.

Mix. After solution set the mixture aside in cold water for twelve hours to enable the precipitate to form: then decant and keep for use.

As thus prepared the acid contains some bitartrate of potassa and possibly undecomposed bromide of potassium. Yet it is considered sufficiently pure and used quite frequently. A purer article can be made from the concentrated hydrobromic acid obtainable from manufacturers. This is made by various processes, none of which can be conveniently carried out in an ordinary pharmacy.—*Druggists Circular*.

FOR nocturnal pollutions and premature ejaculations, with atony of the genital organs, Rosenthal gives small doses of Fowler's solution and glycerin, equal parts.

## Miscellany.

HOW TO PRESERVE THE TEETH.—The following directions for the care of the teeth have been issued by the Medical Committee of the National Dental Hospital, London:

1. The teeth should be cleaned at least once a day, the best time being night—the last thing. For this purpose use a soft brush, on which take a little soap, and then some prepared chalk, brushing up and down and across. There is rarely any objection to the friction causing the gum to bleed slightly.

2. Avoid all rough usage of the teeth—such as cracking nuts, biting thread, etc.—as by so doing even good, sound teeth may be injured.

3. When decay is first observed, advice should at once be sought. It is the stopping in a small hole that is of the greatest service, though not infrequently a large filling preserves the teeth for years.

4. It is of the greatest importance that children of four years and upward should have their teeth frequently examined by the dental surgeon, to see that the first set, particularly the back teeth, are not decaying too early, and to have the opportunity of timely treatment for the regulation and preservation of the second set.

5. Children should be taught to *rinse* the mouth night and morning, and to begin the use of the tooth-brush early (likewise the tooth-pick).

6. With regard to the food of children, those who are old enough whole meal bread, porridge, and milk should be given. This is much more wholesome and substantial food than white bread.—*Monthly Review of Med. and Pharm.*

MILITARY PUNISHMENTS.—According to the draft rules on summary punishments in the army recently promulgated by the War Office, they may consist of “any one or more of the following, namely: 1. Putting the offender in irons. 2. Attaching him while on the line of march to a cart, wagon, or horse, so as to compel him to move onward at a walking pace. While so attached he may be handcuffed or otherwise secured, so as to prevent his escaping, but he must not be in fetters. 3. Requiring the offender to carry extra burdens or weights not calculated to injure his health.” Then follow a number of particulars in reference to the manner in which these punishments are to be carried out, the whole concluding with this admo-



dition: "Officers will take care that the above punishments are inflicted in such a manner as is not calculated to cause injury or to leave any permanent mark upon the offender, and the punishment shall always be stopped or mitigated on the representation of the responsible medical officer that the continuance of the punishment will be prejudicial to the offender's health." Now with regard to these matters there appears to be this difficulty, that if a soldier declines to carry weights or to be dragged along at a cart-tail, how can he be forced to do so? Men under such circumstances have been known simply to throw themselves down and absolutely refuse to be so dragged; nor can any medical officer declare that "the pains" in the joints, "the rheumatism," the "oppression at the heart," and so on, which they may assign as a cause of their inability is not real. If, on the other hand, an undetected aortic aneurism should give way while a man is being dragged, what would be the result to the medical officer concerned? And yet there are cases in which its detection may be simply impossible.—*Med. Press and Circular.*

ULTIMATE EFFECTS OF TRACHEOTOMY.—In a note read at the Academy of Medicine (*Bulletin*, April 5th) Dr. Mongeot drew attention to the ultimately fatal results of tracheotomy. He had for a considerable time investigated the subject, and had come to the conclusion that children who had successfully undergone tracheotomy, and had worn a canula for a more or less prolonged period, did not live to attain their majority. He had long made inquiries among a great number of practitioners, and had only succeeded in discovering five or six adults who had undergone this operation in their infancy; while military surgeons, interrogated for more than twenty years past, all avowed that in examining conscripts they had never met with the scar characteristic of tracheotomy.—*Med. Times and Gazette.*

A MAN and woman holding out as Professor Mayfield and Eugenie Lilly, "American rheumatic doctors," were charged at Bristol, last Thursday, with unlawfully pretending to be general practitioners. It was proved that the man had prescribed and administered medicines in Bristol, where he had a shop, from which he absconded when summoned. The wife was discharged and the husband fined £20, or, in default, two months' hard labor.—*Med. Press and Circular.*

TONSILLOTOMY VS. VIRILITY.—Dr. F. A. Dunsmore, of Minneapolis, Minn., contributes the following personal experience anent this question: "In the News of April 11th I notice the article headed 'Tonsillotomy vs. Virility,' and in answer to the suggestion for facts bearing upon the case will say that I had enlarged tonsils from childhood. As the hypertrophy did not diminish, I had them removed by Prof. Frank H. Hamilton in February, 1875—total extirpation. Since then I have married, and there have been born of the union three children—a boy in May, 1878, and twin girls in December, 1880. From this I would argue that excision of the tonsils has no deleterious effect on the testicles. I regard my virility as still O. K."—*Mich. Med. News.*

[If this discussion has any merit at all, we do not see how the above can be admitted as a case in point; for we understand that in all the instances brought forward as proof of the proposition the tonsils were removed in infancy or some time before puberty. In 1875 Dr. D. must have been in possession of full procreative power, as the sequel so abundantly proves, and excision of the tonsils at such a time could have no more effect on his virility than amputation of his fingers. Nothing short of castration could make the record of such virility any thing but "O. K." Tonsillotomy vs. virility seems to be still an open question.]

THE CAPACITY OF SPOONS.—By Edward J. Forster, M. D., Charlestown, Mass. (*Boston Med. and Surg. Journal*):

At a society meeting a few weeks since the capacity of a teaspoon was given by one gentleman as about eighty drops, while another said that many people believed that twenty drops and a teaspoonful were equivalents. The difference being so great I took an early opportunity to make a number of measurements of tea-, dessert-, and tablespoons with the results given below. By the "usual amount" is understood to be as much as would ordinarily be taken up, so that the spoon would be full, but yet could be moved about without spilling its contents; the "greatest amount" is as much as could possibly be poured in.

The apparent discrepancy in the tables, whereby the ratio of the two amounts is not maintained, is accounted for by the different shape or flare of the spoons. The liquid measured was water drawn directly from the faucet.

We give measurements of spoons of dif-



ferent patterns as found in four different dwellings:

TEASPOONS.			
Usual Amount.		Greatest Amount.	
1	50 minims.	1	90 minims.
2	55 "	2	70 "
3	60 "	3	90 "
4	60 "	4	90 "
5	60 "	5	140 "
6	65 "	6	80 "
7	75 "	7	110 "
8	80 "	8	100 "
9	80 "	9	100 "
10	80 "	10	100 "
11	80 "	11	110 "
12	80 "	12	115 "
13	80 "	13	120 "
14	85 "	14	110 "
15	90 "	15	120 "
16	90 "	16	130 "
17	90 "	17	140 "
18	95 "	18	120 "
19	110 "	19	145 "
20	125 "	20	140 "
Average, 79½ minims.			

DESSERTSPOONS.			
Usual Amount.		Greatest Amount.	
1	2 drs. 0 min.	1	2 drs. 70 min.
2	2 " 0 "	2	3 " 0 "
3	2 " 10 "	3	2 " 55 "
4	2 " 10 "	4	2 " 55 "
5	2 " 20 "	5	2 " 30 "
6	2 " 35 "	6	3 " 0 "

TABLESPOONS.			
Usual Amount.		Greatest Amount.	
1	2 drs. 35 min.	1	4 drs. 30 min.
2	2 " 35 "	2	4 " 45 "
3	2 " 50 "	3	4 " 40 "
4	3 " 20 "	4	3 " 50 "
5	3 " 35 "	5	5 "
6	3 " 50 "	6	4 " 45 "
7	4 "	7	4 " 45 "
8	4 "	8	4 " 50 "
9	4 "	9	4 " 55 "
10	4 "	10	4 " 55 "
11	4 "	11	5 " 20 "
12	4 " 10 "	12	4 " 50 "
13	4 " 15 "	13	4 " 70 "
14	4 " 25 "	14	4 " 60 "
15	4 " 50 "	15	6 "

QUITE ANESTHETICAL.—A famous surgeon advises one of his patients to undergo an operation. "Is it very severe?" asks the patient. "Not for the patient," says the doctor; "we put him to sleep; but very hard on the operator." "How so?" "We suffer terribly from anxiety. Just think, it only succeeds once in a hundred times.—*Paris Figaro*.

Two deaths in London were last week referred to chloroform; one to chloral, and one (of an infant aged six months) to the administration of small doses of paregoric.—*British Med. Journal, March 5th*.

Selections.

Mr. Richard Barwell, F.R.C.S., on Excision of the Whole Tongue by Means of a Small Supra-hyoid Wound, with Remarks on the Best Material for the Loop of Ecraseurs.—From Transactions of the Clinical Society of London (Med. Press and Circular):

James A., aged sixty, without parental history of cancer, had enjoyed good health till a year ago, when a small lump appeared at the side of his tongue; this was twice removed by ligature, probably inadequately, since on each occasion it recurred quickly. February 11th: When admitted into Charing Cross Hospital the whole tongue, almost to the foramen cecum, was covered by an ulcerated very dendritic growth interspersed with deep ulceration. Saliva was constantly flowing from his mouth and wetting his clothes. He was feeble from difficulty in eating and had lost flesh, pulse 108, small and weak; no enlarged glands. The growth is the result of less than seven months.

February 13th: The tongue was thus excised: An incision about one third of an inch long, just in front of the hyoid-bone, exposed the raphé of the mylohyoid, which being divided bared the edge of the genio-hyo-glossus, these muscles separated with the handle of the scalpel, enabled the operator to feel the base of the tongue and the deep surface of the buccal mucous membrane. A Liston's needle passed into the wound, entered the mouth just behind the left last molar tooth, the thread being left. The same was done on the right side, the loop of the cord being in the mouth. To the first cord the end of an écraseur wire was tied and so drawn into the mouth, its end being freed from the first thread was hooked into the loop of the second and drawn round the back of the tongue, out of the wound, and fastened to the écraseur. A Liston's needle was then passed into the wound through the middle of the tongue, and guided by the operator's finger, was made to emerge well behind the disease. This needle guided the wire as it was tightened along the required line. As soon as the back of the tongue was thus severed, another écraseur was placed behind the incisor teeth, and its loop pressed well down in the previous section. Thus the tongue was freed from the floor of the mouth and taken out from between the lips.

Mr. Barwell says of his method that if the écraseur be slowly used it is almost bloodless, leaves no mutilation, and that he can remove the tongue from immediately in front of the epiglottis with as much ease as the tip. Moreover, as the sensory nerves of the organ are divided close to the jaw, the patient suffers hardly any pain afterward, as exemplified by this patient. The wires supplied by instrument makers are of steel, and are tempered; they are too stiff, and indeed the twisted cords of that material are not reliable. He recommended that soft iron cords be used. . . .

Mr. Barwell also gave reasons for using an écraseur which tightened the loop, not, as is usual, from one end only, but from both. The patient was shown, the stump of the tongue in very good condition, cut off clean and abruptly at the back. The man was in far better health than before the operation. He had got up from bed on the seventh day, and would have been discharged two days afterward had it not been



thought that the feebleness resulting from the disease might be reduced by a little longer stay in the hospital.

Mr. Heath, in commenting on the above, called attention to the rapidity with which the tongue would grow afresh from what is left after the operation. He himself had, ten years ago, removed the tongue of a man as completely as possible, and when examining him recently he found the organ again almost its normal size.

#### Treatment of Sunstroke with Warm Baths.

Dr. Cullimore writes, in British Med. Journal: The treatment which I have adopted in several cases of this affection, and to which, were I a patient myself, I should wish to be subjected, is as follows: A warm bath, to be repeated according to the judgment of the medical attendant; cold to the head, in the form of irrigation if the patient will bear it; and removal to a cool, dark room, with a punkah. A thermantidote would be a great advantage. It is, however, necessarily restricted to public institutions, and I have never seen one in use in India. Aconite and belladonna, in from three- to six-minim doses, should be given every two hours. This combination is invariably followed by free perspiration, but a coincident reduction of the temperature does not always accompany it. Still it is the best means of attaining that end, at the same time controlling the meningeal disease. Bromide of potassium is a useful addition in some cases, chloride of ammonium in others, and quinine if there be a malarial complication. Quinine, unless in cases of ague, does not, I think, reduce the temperature of the body. Potash-water is the best beverage.

**The leprosy of the Bible**, according to Dr. Geo. H. Post, of Beirut, is not the elephantiasis Græcorum of the present day, but was a form of *lepra* (now generally termed *psoriasis*). In a condensed statement of his views in the S. S. World, Professor Post says: "Lev. xiii and xiv are the chief authorities on that subject. If any one will take the trouble to follow the descriptions of the rise, spread, and decline of the malady as there given, he will see that the essence of it is a white or lurid or gleaming spot, producing more or less baldness in places covered with hair, often arising from a boil. Now, in point of fact, the *Aleppo button*, which is in appearance much like a boil, and which lasts for many months—often for a year or more, so that the Arabs call it *habbat es siny*, *the year boil*—is frequently followed by a tetter or a lepra, a spreading scabby eruption, following much the course described in Lev. xiii, 18-23. As these often occur in the face, they greatly disfigure their unfortunate victims by eating away a portion of the nose or cheek or lip, or by leaving an unsightly scab, and after years of a lurid contracted cicatrix. The same disease, *lepra*, occurs from other causes. It is a malady having some tendency to wear itself out and get well. This is in accord also with the description of the disease in the Bible. By simply waiting, the unfortunate unclean often became clean. No modern leper ever wore out his malady. On the other hand, none of the well-known signs and appearances of the greater leprosy are described in Lev. xiii and xiv.

The writer is aware that the adoption of this view would take away the force of innumerable commentaries and fine poetic allusions to the deadly elephantiasis of the Oriental lepers. But it will not in any

way diminish the force and point of the ceremonial distinctions in regard to leprosy. *Lepra vulgaris*, especially the spreading form of it, is a more visible and disgusting disease than elephantiasis, very intractable, and suitable as a legal and ceremonial illustration of moral uncleanness, incurable by ordinary medical means, loathsome to the beholder, and impairing the usefulness of those parts of the body which are attacked."—*New York Med. Record*.

#### Import of the Sweating of Consumptives.—

Dr. Rousselot, of Saint-Die, discusses, in the *Revue Méd. de l'Est*, some of the peculiarities of phthisical sweating, the variable period of the appearance of this symptom, and the point whether the sweating of phthisical persons is to be considered an evil symptom and one which is to be combated. M. Rousselot believes that in a certain number of cases there is a correlation between the sweating and the fever. He remarks, in the first instance, that nothing is more variable than the period of appearance of the sweating in the course of pulmonary phthisis. There is an active tubercular evolution and a torpid evolution in some sort passive. In the second case pulmonary lesion has no influence on the organism. It has not an effective evolution, and it may last for some time without producing fever, and, in consequence, without the procession of symptoms which are ordinarily observed with fever and particularly in nocturnal sweating. When, on the contrary, there are from the outset an active evolution, nocturnal fever, and disordered condition of all these symptoms, then in general a hasty appearance of nocturnal sweating may be observed. In this case the thermometer will render great service in enabling us to study the degrees of morbid combustion. The sweating, which is then very often extremely abundant, allows the elimination of a great quantity of the products of morbid combustion. It may then be admitted, according to M. Rousselot, that the sweating affords a derivation favorable to the fever, and does to some extent moderate that symptom. If, then, in certain tubercular persons nocturnal sweating appears, as it were, at the outset of the affection, it is because these individuals have a tuberculous evolution of an active form, and one which tends to fluxion and precocious fever. In others, on the contrary, the evolution effects a silent, indolent, torpid form, without any recoil on the organism; or more strictly, there are tubercles in the lung, but no tuberculous evolution, and the subject is not phthisical.—*The Med. Gazette*.

#### The Antipyretic Action of Carbolic Acid.—

M. Desclats has arrived at the following conclusions upon this subject: 1. Carbolic acid is a reliable and prompt antipyretic with brief action, and may be employed in all febriculæ. 2. It should be used boldly, though its effects, especially at the outset, should be watched carefully. 3. Intermittent administration in large doses (enemata of from seven and a half to thirty grains) gives better results than continuous administration. 4. While it is probable that sweating has an influence on the lowering of the temperature, it can not be said that this alone produces it, since it is often absent. 5. When carbolic acid is used for a long time together, the condition of the heart and kidneys must be carefully noted; notwithstanding that up to the present time there are no positive data for stating that the long-continued administration of carbolic acid brings on degeneration of these organs.—*British Med. Journal*.



**On the Use and Abuse of Salicylic Acid.**—By George Kemp, M.D.Cantab., in British Medical Journal:

Dr. T. D. Acland, in a communication on the Uremic Results of Salicylic Acid, published in the British Medical Journal for March 5th ult., states that in the Journal for January 29th there are reports of six cases of acute rheumatism treated with salicylic acid, and accompanied by delirium. The results of his inquiry into the subject are not, however, altogether satisfactory, as he operated by means of salicylate of soda, not salicylic acid; and we are far from justified in assuming that the therapeutical effects of salicylic acid and salicylate of soda are identical.

In physical characters they differ essentially, the one being very soluble in distilled water at 60° F., the other only reasonably soluble in water at a far higher temperature; but a more important consideration is that, while the soda-salt can be administered in comparatively large doses with impunity, salicylic acid even in small doses produces great irritation in the mucous membrane of the mouth, fauces, and stomach; indeed, to such an extent that its administration in the usual form is at all times difficult, and in some cases prohibitory, especially when we have respect to the absurdly dangerous doses of eighteen or twenty grains, as we find reported.

I am convinced, from careful and anxious observation, that the maximum dose should not exceed eight grains, repeated as frequently as the exigencies of the case may require; and this may be done without the slightest inconvenience to the patient, and in fact without his knowledge, by giving it in beef tea, or, when highly albuminous diet is prohibited, by solution in weak "ozmazome" tea, which is always ready at hand in the form of the so-called "meat-extracts;" the only recognition of the presence of the drug being, "You have put too much seasoning into my soup." A little celery-seed boiled with the liquid and strained off makes it more palatable and assists in the disguise.

There are other modes in which this valuable remedy may be used with advantage, which, so far as my reading informs me, have not as yet received due attention. One of these is its application as a counter-irritant in superficial rheumatism, and of course in this case, a very large additional dose may be employed. Thirty grains of salicylic acid intimately mixed with an ounce of any suitable unguent has been found to alleviate local pain in a remarkable degree. Whether this be due to its properties as a counter-irritant *per se* or the absorption of the remedy conjointly can only be decided by a large collation of cases; but its advantage is greatly enhanced by the addition of iodide of potassium in an equal quantity.

Another use of this remedy is in the form of enema. A case of severe and long-continued dyspepsia, implicating both stomach and duodenum, with bacterial fermentation to a most distressing extent, only relieved by constant resort to emetics; complicated, moreover, by great sluggishness of the lower bowel, with occasionally severe colicky pains from accumulated feces, the patient at the same time suffering from rheumatism on the slightest exposure to moisture and cold, was treated by enema, with thirty grains of salicylic acid and half an ounce of tartrate of potash dissolved in a pint and a half of lukewarm water. Of course the addition of two fluid drams of tincture of hyoscyamus, or its analogues, would have been a

great improvement, but the object was to keep the conditions of the case as simple as possible. The result was quite remarkable; the colon was not only relieved of its scybala, but its tonicity was greatly restored, suitable general treatment being resorted to consentaneously. Should this case be confirmed by the experience of others, the record will not be useless.

**Treatment of Typhus Fever.**—Henry Kennedy (Med. Press and Circular) writes:

At present, when typhus fever prevails so widely, I venture to draw attention through your pages to a remedy which, I have reason to believe, is not as extensively used as it merits. I speak of barm, which, when I was appointed to the Cork-street Hospital, I found had been long in use in the institution. It was used whenever fever of the typhus type prevailed, and I began to order it, and I rather think more extensively than any of my predecessors.

That barm exerts a salutary influence upon typhus fever I can not doubt. On a former occasion I entered more fully into the subject than I wish to do now. I may, however, observe that under its use petechiæ rapidly change their hue from dark to red. On one occasion, too, when this type of fever prevailed far above the average, I tabulated over three hundred cases which were treated by barm, and found the mortality was under nine per cent; and when I add that all these cases were densely spotted I can not but consider the result as very satisfactory. It should be stated also that no case was excluded from this list, though several of them died within forty-eight hours of their admission to hospital.

Barm, when given in full doses, acts slightly on the bowels. I would state, in conclusion, that I have the strongest conviction typhus should be regularly treated from its commencement, not merely watched.

**On the Advantage of Furnishing Catheters and Hollow Sounds with Closely-fitting Bougies Instead of Wire Stylets.**—W. F. Teevan writes, in the Med. Press and Circular:

The object which I have in view in this communication is to advocate the extension of a practice which hitherto had only been very partially applied, for up to the present time prostatic and evacuating catheters only have been furnished with bougie stylets. So far as I know Cornay, of Rochefort, was the first to employ a bougie stylet about half a century ago. A little later Civiale used a prostatic catheter fitted with a "gros mandarin," made of whalebone or lead which completely filled the tube. About the same period Mercier invented the "invaginated catheter," and Sir Philip Crampton employed evacuating catheters with bougie stylets.

I was not aware that Dr. Bernard had advocated "armed catheters" for elastic prostatic catheters or I would have referred to his suggestion. His practice, however, would be very objectionable if applied to sounds, for the vibrations of the wire stylet might easily mislead a surgeon; while on the other hand it is incapable of application to catheters of a smaller caliber than No. 6 English gauge, as a No. 1 English elastic catheter can not be introduced into a smaller instrument than No. 6. As, however, the smallest bougie is much thinner than the finest catheter, it follows that small catheters can be armed with bougies but not with catheters.



# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNÂ.*"

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J. W. HOLLAND, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M.D., . . . Managing Editor.

THE A. M. A.

A review of the work done at the Richmond meeting confirms the frequently-expressed opinion that the reading of papers and discussion of medical topics are not the most important functions of the national association. But few contributions which can be called epoch-making have first been given to the world in its various sections. It is conceded that there is an advantage in the promulgation of right doctrines for the author to do so by word of mouth to an assembly of auditors who may wish to interrogate him or traverse his line of thought. But the most valuable results of study and research seek the light early on the printed page of some periodical. If the author waited till the annual meeting to announce them, some other person engaged in the same field of labor might by early publication snatch the prize of fame which is no small part of the incentive to such pursuits. As we wish to avoid the unseemly exhibitions of personal feeling that usually attend controversies upon priority of discovery, we must encourage early announcements of important medical matter in the periodicals.

The Association is fulfilling its highest destiny when it does what no other body can do so well—organizing the medical guild for the execution of its broad ameliorating purposes in society and legislation; declaring to the world the best thought of the most enlightened citizens on questions

of State medicine; voicing the professional opinion upon the systems of medical education that are best fitted to the age and the country we live in.

Although the mass of scientific matter in the late Transactions is largely chaff of a sort no better than that with which the State societies are burdened, occasionally we light upon a kernel of wheat and are disposed to make much of it in proportion to its rarity.

The therapeutics of diphtheria was a subject prolific in new suggestions, as hardly any one is satisfied with its present *status*. Our readers will remember that Dr. Jacobi, a few years since, raised a cry of warning against the too free use of chlorate of potash in diphtheria, instancing cases of renal congestion and nephritis attributable to it. He thought it too dangerous a drug to serve as a household remedy. Before the Section on Diseases of Children he is reported as saying:

In this connection I desire to say a final word in regard to large doses of chlorate of potassium, often recommended in diphtheria. My warnings in regard to this drug have at last been heeded. Extracts from my writings on this subject have been extensively published, and experiments on animals made in Europe by Marchaud and others have proved my clinical observation of the frequent occurrence of nephritis, resulting from the incautious use of the potassium chlorate. A number of fatal cases have been described, and it may be that much carelessness upon the part of the public and many accidents will be avoided in future.

At another time, Dr. Pepper referred to some remarkable results that had recently been observed to follow the use of large



doses of bichloride of mercury in diphtheria. These have been confirmed by the experiences, as yet unpublished, of several competent observers. He related the particulars of a case of granular diphtheritic croup in a child five years old. We will let him tell his own story, which after the fifth day is as follows:

She was repeatedly made to breathe the vapor of slaking lime; emetics were given when suffocative symptoms became very urgent; quinia, chlorate of potash, and senega were given internally; milk and brandy were given as freely as possible. By the seventh day death seemed unavoidable. Aphonia had existed for five days; nourishment was refused almost entirely; pulse was over 100, very small and feeble; the respiration was over 70, and were shallow gasps. There was marked dullness around the roots of each lung and impaired resonance over both lungs, and the respiratory murmur was scarcely audible and mixed with feeble râles. Glandular enlargement had been slight, but the systemic infection was indicated by decided albuminuria, with quite numerous granular epithelial casts. The extremities were cool, the lips livid; the expression indicated advanced asphyxia. We agreed we had never seen a patient recover from such a condition, but it was decided to administer bichloride of mercury,  $\frac{1}{32}$  grain every second hour given in solution in elixir of bismuth and pepsin (as recommended by the doctor), each dose also containing two drops tinct. nux vomica. No other treatment was used. In the next forty-eight hours half a grain of corrosive sublimate was taken. No movement of the bowels occurred, and not the least irritation of the stomach; on the contrary, a willingness to take nourishment began to reappear; and by the end of that time it was evident that the exudation was softening and that more air was entering the lungs. The same prescription was continued with gradually decreasing frequency for a week, at the end of which time convalescence was fully established, the urine gradually became normal, and the child is now in perfect health.

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"Full many a flower is born to blush unseen," etc.

The Canada Medical Record gives its readers, under the head of *editorial*, a recent article of ours on lacto-peptine, making no mention of the humble source from whence it came; and the Canada Journal of Medical Sciences, in copying what we had to say about capsules, calls us the *Cincinnati* Medical News. Well, after all, it is

a satisfaction to know that they like our articles on the other side of the line, and the current of good will which wells up from our heart, as we hug this token of foreign appreciation to our bosom, bears with it our forgiveness to them for not knowing who we are.

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## Original.

### SPECTACLES AND THEIR BEARING UPON GENERAL DISEASES.

BY W. CHEATHAM, M.D.\*

*Lecturer on Diseases of the Eye, Ear, and Throat, University of Louisville.*

"It is extremely important to all to know something about the eye and its weaknesses. We must know what certain feelings about the eyes mean; what pain and fatigue mean; why the eyes are so often subject to fatigue and pain; and the relation of these sensations to our general condition."†

Of equal moment I think is the knowledge of the effect of spectacles upon our general condition. Marked forms of disease—headache, vertigo, cerebro-spinal irritation—have not infrequently some error of refraction as their cause. In looking through my notebook I have found many cases in which constant headache was set down as one of the most prominent symptoms. This I perceived was made worse by close application in some cases, and increased by distant vision in others. Again in a certain number the pain was constant and seemed to be uninfluenced by surroundings.

How is it possible for a misshaped eye to cause headache? Suppose a patient to be considerably oversighted—that is, his eyes are of such shape as to cause him to keep up a constant strain that he may see distinctly. Such cases are common and have almost as marked an influence upon the patient's general condition as has overwork of any of the important organs of the body. In fact I think the influence of an overstrained eye greater for evil than that of any other overtaxed organ, because of the close association of the former to the nerve-centers, the retina in fact being but a prolongation outward of the brain. I can not better illustrate the reasonableness of this assertion than by

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\*Read before the Medical Society of the Third Congressional District of Indiana, at Jeffersonville, May 4, 1881.

†*Vide* pamphlet on "Our Eyes and How to Take Care of Them."



citing a few cases which have come under my observation during the last year.

Miss Jennie J., nineteen years of age, a healthy brunette, had for several years been unable to study on account of headache, being taught orally by a private teacher. Visiting New York she consulted a leading oculist there, who ascribed her difficulty to her general condition. Subsequently she came under my care when I discovered the need of spectacles, and advised their use. I put her under the influence of atropia sulph., and found that she had oversightedness with hypermetropic astigmatism. I then gave her the proper correcting-spectacles, which have enabled her to read any kind of print at all times without difficulty.

Miss T., aged seventeen, blonde, has since ten years of age lost about half her schooling from headache. In this case an examination showed oversightedness of a slight degree, which with the headache was promptly relieved by the correcting-glasses. In this patient the headache was persistent whether engaged at close or ordinary work, and was the result of a constant endeavor to overcome the oversightedness. Small or medium degrees of oversightedness usually give more trouble than those of a high degree, for the reason that patients find it is impossible to overcome the latter, and so give up the effort; while with the former they are led to submit their eyes to a constant strain.

Mr. B., aged twenty-four, complained of nausea whenever he tried to read for any length of time. The print would run together, the sight become blurred, and nausea supervened. In this case I also discovered oversightedness of a medium degree, which with the nausea was relieved by suitable spectacles.

Mrs. R., aged thirty-two, had for some months found it impossible to read without growing drowsy. Almost instantly on using her eyes she would feel sleepy, and if she persisted in reading would soon fall asleep. Spectacles which corrected an existing hypermetropic astigmatism made of her one of the most wide-awake women I ever saw.

Mr. T., aged forty, Miss L., aged eleven, Dr. R., aged thirty-five, and many others have consulted me in reference to constant blinking of the eyelids. Dr. R.'s affection caused him no little embarrassment; for just as he would fix his eyes on an interesting object, his lids would begin to close and open rapidly. Observing this, certain ladies had accused him of winking at them, and being a modest gentleman his sense of an-

noyance was intolerable. Dr. R., with the others, received immediate relief by the use of spectacles.

Dr. Stephens, of Albany, N. Y., says he has seen cases of general chorea arise from errors of refraction. I remember a lady suffering from this who had been treated by five or six physicians without benefit. She at last came to me, to have her eyes examined. I found oversightedness, which I corrected with spectacles, giving her complete relief. About this time she fell into the hands of another physician to be treated for the chorea. This was relieved in a few weeks, and I have fair reason for the belief that her case was similar to those mentioned by Dr. Stephens. However this may be, the other physician got the credit of the cure.

I have seen cases of twitching of facial muscles relieved by spectacles. Dr. Noyes, of New York (and I think I have seen one such case), reported a case of cerebro-spinal irritation overcome by correcting an existing error of refraction. Vertigo is not an unusual symptom with patients suffering from errors of refraction.

I beg pardon gentlemen, for reporting what I fear you may think a series of uninteresting cases. My excuse is that there has been but little written on this subject, and I for one am always glad to get a lift from any source in the management of obstinate cases. No doubt all of us have seen cases of headache, nausea, drowsiness, and facial muscular twitching, which have successfully resisted all our remedies, and if this effort of mine should prove a means of assistance to any of you in fathoming one or more of these complaints, I am sure you will excuse me for taxing your patience with this recital.

LOUISVILLE.

## ALARMING NARCOSIS FROM A SMALL DOSE OF MORPHIA.

BY C. M. NUTT, M.D.\*

I submit for your consideration the history of a patient whose symptoms, under the circumstances, were to me novel in the extreme and painfully interesting. It is the case of a female patient in whom alarming symptoms of narcosis supervened upon the hypodermic injection of morphia sulphate not exceeding one third of a grain.

Mrs. O. H., white, native American, aged forty-nine years, a widow, the mother of several children. Her general health has always

\* Read before the Third (Ind.) District Medical Society.



been good, with the exception of dyspepsia. After an exposure to cold and wet weather she was taken with excruciating pains in the lower lumbar and dorsal vertebræ, radiating forward to the inguinal and suprapubic regions, and down the thighs posteriorly to the popliteal spaces. Occasionally she felt chilly, but never had any febrile disturbance. There was tenderness over the lower dorsal and lumbar vertebræ, the courses of the sciatic and popliteal nerves on both sides.

A capsule of iron, quinine, and nux vomica was ordered every four hours, and the hypodermic injection of one third grain of morphia as a temporary relief.

In less than one minute after the withdrawal of the needle the patient, who was sitting up in bed, became unconscious, the head fell over on the shoulder, the inferior maxillæ dropped on the sternum, the pupils became contracted to a pin-point, the face expressionless, countenance pale; the respirations fell from 20 to 14, and were stertorous; the pulse from 75 to 58, and full; the skin cool, temperature not taken. Restoratives and stimulants were resorted to with comforting success.

Four hours after the injection color had returned to the face of the patient, who was sleeping quietly, with respiration 18 and the pulse at 65; could be raised up, and, when asked as to how she felt, replied, "First rate." Six hours later more color and expression to the face, sweating some, pulse 70 and regular, respiration 20 and natural, temperature 98.5°. Upon being aroused complained of nausea and tenderness and oppression over the stomach. The mind is confused and wandering. Ten hours later, retching and vomiting, severe and persistent, unallayed by any remedy which could be tried. For four days these severe symptoms lasted, and for a time it seemed as though the patient would die from sheer exhaustion. Then the pupils began slowly to dilate and the gastric disturbance to abate, so that on the fifth day the patient was considered convalescent, and so continued to recovery.

Were the dangerous and distressing symptoms which I have just recounted due to the *quantity* of the morphia sulphate injected? I can hardly think so, for by careful weight of the drug before and the quantity remaining after the injection was given, due allowance made for that which was lost during manipulation, the maximum quantity in the syringe could not have been more than one third of a grain.

Was there an idiosyncrasy in her for this

drug or preparation? The patient stated distinctly that she had been relieved before of severe pain, speedily and kindly, by the hypodermic method, and requested that it be again given to her in that manner.

Were these manifestations the result of the needle entering a vein, and the forcing of the injection directly into the circulation? Hardly; for the needle was inserted under a fold of the integument on the outer surface of the arm, near the deltoid muscle's insertion into the humerus, a point at which it is generally understood there is the least likelihood of coming in contact with a superficial vein.

Without further comment or speculation I leave with you this epitomized history, hoping that it may accomplish something in the way of deterring others from the reckless and indiscriminate resort to the hypodermic syringe.

NEW ALBANY, IND.

## Correspondence.

*Editors Louisville Medical News:*

I see at masthead of your publication the isolated Latin phrase, "*Nec tenui pennâ.*" Can you tell me where it is found and give the context?

J. B. DUNLOP.

DANVILLE, KY., May 19, 1881.

This query was turned over to Dr. W. H. Galt, of this city, for an answer. Dr. Galt was one of the co-founders of the NEWS with the late Dr. Cowling. He says the motto was taken by the latter from Thackeray's "Pendennis," and that it was originally a quotation from Horace. With this clew we have hunted down the game.

Referring to Pendennis, the reader will find, at the close of Chapter II, the following paragraph:

They buried John Pendennis, Esq., "formerly an eminent medical practitioner at Bath, and subsequently an able magistrate, a benevolent landlord, and a benefactor to many charities and public institutions in this neighborhood and county." . . . A fair marble slab, from which the above inscription is copied, was erected over the Fair Oaks pew in the church. On it you may see the Pendennis coat of arms and crest, an eagle looking toward the sun, with the motto, "*NEC TENUI PENNA,*" to the present day.

In one of the Odes of Horace it is found with this context:

Non usitata, nec tenui ferar  
Pennâ.



"I shall soar on no common, no feeble wing."

It will occur to many that as an epitaph for Dr. Cowling this motto would have a peculiar significance.

## Clinical Lectures.

### CLINIC OF PROF. ROBERTS BARTHOLOW.

Held at Jefferson Medical College Hospital.

#### I. A CASE OF PROGRESSIVE MUSCULAR ATROPHY ASSOCIATED WITH CONSTITUTIONAL SYPHILIS—REMARKS ON PATHOLOGY AND TREATMENT.

GENTLEMEN—We have a case before us this morning presenting a number of characteristic phenomena. Observe the appearance of the hands; the fingers look like talons. There is great wasting of the thenar eminence, and indeed the hypothenar eminence is also atrophied. The interossei muscles upon the back of the hands have also dwindled. This state of things exists about equally in the two hands. We have here a history of disease beginning in the thenar eminences, and subsequently extending to the other muscles of the hands. The disorder was preceded by fibrillary muscular twitchings. When this wasting occurs it is always accompanied by a decided reduction in the local temperature. You are aware that the temperature of the body largely depends upon the changes going on in the muscular tissues; the lowering of the temperature, then, indicates lessened nutrition in the muscles. This atrophy, which begins in the smaller muscles of the extremity—usually, as in this case, in the thenar eminences of the hands—gradually extends upward, until it may involve all the muscles of the body. I have seen cases so far advanced that when placed in a chair they were unable to maintain the body in a state of uprightness, but at once doubled up in a heap. The loss of muscular tissue makes the bones appear so prominent that the patients seem to be merely skin and bone. Finally the muscles of respiration are invaded by the disease, and difficult breathing results, hypostatic congestion of the lungs sets in, and pneumonia ends the case. This passive hyperemia occurs in the most dependent portions of the lung, and hence is called hypostatic congestion.

The condition under consideration is characterized by general wasting of the muscles of the body. It is known as progressive muscular atrophy, of which our patient is a typical example. It is a remarkable fact that this disease is most likely to occur in robust persons, with good muscular development, and accustomed to hard work. It is often hereditary, and several cases may appear in one family. It occurs at a period of life when the man should be at his maturity. Our patient is only forty-six years of age. In persons of great physical power, accustomed to putting forward much effort either in play or work, this disease most frequently occurs. Its course is comparatively slow.

The characteristic phenomena are at first some pain in the part, then fibrillary twitching of the muscles, followed by wasting and diminution of temperature at the place affected. Beginning, as in this case, in the hand, it presently extends to the forearms and

arms, and subsequently to the remaining muscles of the body. It only ceases its ravages when the muscles of respiration are invaded and death ends the scene. It does not always pursue this course exactly; for instance, I have seen cases where the disorder began in the muscles of the palate, the first symptoms noticed being inability to swallow the alimentary bolus. Sometimes it begins in the eye, and produces difficulty in coördination and double vision.

In speaking of the cause, which is generally considered to be overwork of certain muscles, I must not omit the fact that in this case there is evidence also of syphilitic taint. Even now he has some patches of psoriasis upon his hands, and there are mucous plaques upon the soft palate and uvula. Although we have not as yet obtained a satisfactory syphilitic history, as he has been taking iodide of potassium, without effect, I would suggest a mercurial course.

R Hydrarg. ioidid. viridis..... gr.  $\frac{1}{10}$ ;  
Extracti belladonnæ..... gr.  $\frac{1}{6}$ .

M. Three times daily.

What shall be done for the local wasting? Experience has shown that the various remedies brought forward thus far are practically useless; but when a case arises, such as this one before us, of a probable specific character, we must take a different view of the causation; for, if the local disturbance is due to a syphilitic lesion in the nerve, we may be able to do something, after the lesion has been removed, for the muscular wasting. When the atrophy is caused by disease in the nerve-trunk, or is secondary to a central lesion, it is very different from true progressive muscular atrophy; we take a very different view of the latter as regards prognosis.

What, finally, as to the curability of the lesion in this patient? Suppose we have a case like this, where the wasting is considerable. Assuming a syphilitic history, you can find whether the muscles are capable of regeneration by ascertaining the electrical contractility of the muscle. If it respond, we know that there is enough of the proper muscular tissue left to bring about some restoration of function; if not, the muscle has wasted so far that nothing remains but connective tissue and fat. In such a condition of course no cure can be effected. Another fact: A muscle that is wasted may not respond to the *faradic* current, but will contract under a *galvanic* current slowly interrupted. It may then be restored so that it will subsequently respond to both currents after the regular use of the constant current for a time. This shows that a physician needs both forms of battery, as often he can not find out the state of the muscle by the faradic current alone; but even when it will not contract at first under the induced current, the systematic application of the galvanic current may restore it to a condition where it will again react to the former.

#### II. ATROPHY AND PARALYSIS OF DELTOID MUSCLE FOLLOWING DISLOCATION—ITS MEDICO-LEGAL ASPECT AND TREATMENT BY ELECTRICITY.

Here we have another case of nervous disease which is interesting from various points of view, not only in its clinical and pathological relations, but also in its medico-legal aspect.

The story of this little patient is worthy of your attention in this era of persecution of physicians by speculative suits for malpractice; it is instructive as well as interesting. This child had a fall, and suffered what is considered to be a dislocation of the



shoulder. She was taken to an institution, and no doubt properly cared for. Afterward the arm was kept in a splint, and remained for some time in an enforced condition of rest. It was subsequently noticed that she could not raise the arm. With the aid of the opposite hand, however, the forearm can be brought in front of the chest, so that the hand of the affected side rests upon the shoulder. The mother attributes this paralysis to a mistake of the attending physician. In some States this might become the basis of a suit for malpractice, from which a physician would find it extremely difficult to clear himself. The palsy is due altogether to wasting of the deltoid muscle—a result of the original injury. This is very evident upon comparison with that of the opposite side. She is unable to lift the arm or even to abduct it.

Besides the medico-legal question comes this one: Is there a prospect of cure? There is, provided that the muscular tissues have not been replaced by connective tissue. If the muscular elements are entirely gone we can not restore the arm to its normal condition; if they have not all undergone this atrophic change we will be able to give her a useful limb. How shall we ascertain this point? By the test with electricity. First use the faradic current, and if there is no response apply the slowly-interrupted galvanic current. Suppose that I employ the induced current, and the muscles do not respond, what is the conclusion that I should come to? That the muscles have degenerated beyond the prospect of recovery? Is the question settled? No; I would make a great mistake if I should, for in some cases a slowly-interrupted galvanic current will obtain a response after the ordinary faradic current has failed. In such a case, in the subsequent course of treatment, the time will come when the muscles will respond to the latter form, which may then be substituted for the former. In this case there is ample response to the faradic current.

The task before us is comparatively a simple one. The muscle affected is to be exercised daily with the faradic current, gradually extending the length of the sittings up to ten or twelve minutes. With passive movements of the arm and attention to health it is probable that the muscular tissue will be restored, and the muscle resume its functions and obey the orders of the will. We can also improve the condition of the muscle by frictions and the injection of water into its structure—injections of strychnine may also be practiced; but the important point is the exercising of the muscle with the faradic current until it can respond to the orders of the will.—*Coll. and Clin. Record.*

## Medical Societies.

### INDIANA STATE MEDICAL SOCIETY.

[CONCLUDED.]

At the evening session of the society Dr. Speed, of Louisville, was introduced, and addressed the association on Sanitary Science. He prefaced his address with some reminiscences of his early experience in this State, and said:

"Self protection is one of the primal laws, and lies at the very bottom of public and private hygiene. Increased mortality has every where been traced to

bad habits of life, surroundings which generate disease. In order to remedy this, to prevent disease rather than cure it, the public attention has now been turned to sanitary laws. The early steps in sanitation were local and insulated, but their results have been wide and far-reaching. Statistics show results in the greatly lessened death-rate. One of the results of hygienic intelligence has been the disappearance almost wholly of scurvy and prison-fever. Smallpox has been kept within well-defined limits. These are the results of protection and proper sanitation. The dictum of the great English hygienists to the effect that man's lease of life is controlled for good or evil by his surroundings is being generally received by the laity as well as by scientists. No important measure for health-improvement can be promulgated in England or France without soon being agitated in America. This is proved in part by the establishing of boards of health in the cities of this country, and the diffusion of knowledge by their reports. Sanitarians have a message to people and to statesmen. To the latter especially they say, See to it that you enact measures to protect public life. No people can maintain a supreme power with enfeebled health.

"The work of sanitation looks to the future. It has not its result alone in the present, but stretches ahead and presents a far-reaching and important destiny. Let legislators be liberal. Intelligent liberality is all the sanitarian asks, but that much he does ask. It is well for all to remember that there are other laws than those found on the statute-books. The world with all its varied interests is interpenetrated and governed by law; but there are demanded in addition compulsory vaccination, compulsory drainage, and other compulsory enactments."

The doctor continued, citing statistics to prove the practical beneficial results of intelligent sanitation and hygiene, and gave in its entirety an address worthy the attention given it.

At the conclusion of the address the society adjourned to the medical college building, on South Pennsylvania Street, where a banquet was spread, with music and social chat for sauces.

On the following day, after a brief address by Dr. Hyndman, papers were read by Dr. J. W. Hervey on The Ruling Forces or Controlling Influences, and by Dr. H. Charles, of Carthage, on Tobacco and its Toxic Effects. The consideration of the latter paper was made the special order for the afternoon session. Dr. Steven's paper on Medical Legislation, what has been accomplished and what is needed in Indiana, was referred to the Committee on Publication without reading, by request of its author.

When the consideration of Dr. Charles's paper on Tobacco and its Toxic Effects was the order of business, Dr. Woodburn said he was in favor of the publication of the paper. Personally he believed that tobacco, when used by men in moderation, was a good thing, but he was opposed to its use by boys, as it caused nervousness and kindred complaints.

Dr. Haymond said that tobacco had gone on and made the conquest of the world. He believed that the medical profession of Indiana could accomplish a great deal of good by entirely discarding the use of tobacco, and thus set a good example to people generally. There was no doubt that the immoderate use of tobacco was deleterious to young men and boys, but it was not definitely settled that for men of good constitutions it was injurious, as many leading physicians have claimed that its use was beneficial. The great danger was in the immoderate use of the weed,



as is the case in all stimulants. He did not believe that the use of tobacco produced organic diseases, as had been claimed.

Dr. Hervey said that the use of tobacco was a pernicious habit, but he did not believe in its indiscriminate condemnation. Personally he had never experienced bad consequences from tobacco, but believed it had done him some good. It was a hard habit to break, but he did not want any compilation of extreme facts to go out as the sentiment of the Medical Society of the State of Indiana.

Dr. Pearson said that he believed that tobacco would produce a functional trouble that would ultimately result in organic trouble. He had examined a great number of patients who used tobacco to excess, and had no doubt it had deleterious effects. It was easy to suppose that great nervous trouble occasioned by tobacco would result in serious trouble of the heart. He was formerly a constant user of tobacco, and at one time quit for three years, during which time he was a great sufferer from ulcerated sore mouth, and as soon as he began to use tobacco again the trouble decreased. Tobacco was, doubtless, doing much harm—nearly as much as alcohol. He thought it possible that a man thoroughly saturated with tobacco could not beget a healthy offspring.

Dr. Dare thought there were two sides to this question and he was not sure that nearly as much could be said in favor of the use of tobacco as could be against it. Tobacco is a nervous sedative, and is directly the opposite of tea and coffee, and possibly alcohol. He felt sure it had frequently a soothing effect, and as such its use was beneficial. He thought that he could produce as many and more powerful arguments against the use of pork as others could against tobacco.

Dr. Eastman said that he thought it was the duty of the physicians here to use every endeavor to keep young men from using the abominable drug. He thought it was very deleterious in every way.

Dr. Harvey said that there was no question that the use of tobacco had a deleterious effect upon the young, and probably many cases of insanity could be traced back to it. He thought that it partially paralyzed digestion in both young and old. But there was another side of the question, and recently the British Government had decided to give its soldiers regular allowances of tobacco, believing that it increased their efficiency.

Dr. Charles, the author of the paper, said that every gentleman who had spoken on the subject had agreed that tobacco had a deleterious effect under certain circumstances. He thought it was safer for old men to use it than for young men; for the former had a large reserve force, and did not need any extra vitality to build up tissue; but the old men should set a good example to the rising generation, and it was almost certain that the free use of tobacco would shorten life by many years. On the other hand, the matter of expense should be considered, and he did not believe that there was a township in the United States in which the cost of tobacco was not greater than the total expense incurred in conducting all religious and educational institutions.

After various other remarks on the subject, the paper was referred to the Committee on Publication without reading, and similar action was taken with the papers, viz. Heart-clot, by Dr. J. S. McMurray, of Frankfort, and The External and Internal Use of Water in Treatment of Disease, by Dr. A. A. Hamilton.

T. H. D.

## Formulary.

### A CASE WITH SULPHURIC ACID IN THE EYE.

H. Augustus Wilson, M.D. (Canada Lancet) reports the following:

The patient was seen immediately after the accident, and was treated by washing the eye freely with the following:

℞ Sodii bicarb..... gr. x; 0.66 Gm.;  
Aqua destil..... ʒj; 30.00 "

The alkaline solution quickly neutralized the acid and prevented further destruction. The eye was now freely bathed with tepid water, which had a most soothing effect upon the patient.

### DILATATION OF THE BRONCHI.

This is perhaps one of the most disagreeable results of chronic bronchitis, and the source of many of its dangers. Dieulafoy (*Journal de Médecine de Bordeaux*) claims to have had very good results in the treatment of this condition with creosote obtained from the beech. He gives the following formula:

℞ Vin. Malaga..... ʒij; 60.00 Gm.;  
Spts. vini recti..... ʒjss; 6.00 "  
Sacch. alba..... ʒij; 8.00 "  
Creosoti..... ℥xij; 0.72 "

M. S. Two to three drams a day.

He believes that this treatment added to slight counter-irritation has effected a cure in at least one case and produced very marked improvement in others.—*Chicago Med. Review.*

### REMEDY FOR MIGRAINE (HEMICRANIA).

(*Pulvis antihemicranicus imperialis.*)

℞ Quinidiæ sulphatis..... gr. xxiv; 1.50 Gm.;  
Caffeinæ ..... gr. xv; 1.00 "  
Acidi tartarici..... gr. xvj; 1.00 "  
Morphiæ puræ..... gr. ¾; 0.05 "  
Sacchari albi..... gr. cl; 10.00 "

Mix and make into five powders.

One of these is to be taken morning and evening. Said to be a sure remedy in hemicrania. If necessary, the quantity of morphia may be slightly increased. Feeble persons should divide each powder into two parts, and take both within an hour. Black coffee is the best vehicle for administering these powders.—*Dr. Hermann Hager, in Pharm. Centralh.; New Remedies.*

### CARBONATED LAXATIVE-WATER.

Phosphate of soda..... ʒxij; 48.00 Gm.;  
Bicarbonate of soda..... gr. lxxij; 4.70 "  
Water ..... ʒxx; 600.00 "  
Citric acid..... gr. lxxij; 4.70 "

Dissolve the phosphate and bicarbonate of soda in the water; filter into a stout bottle; add the citric acid; cork the bottle, and tie with cord.—*Druggists Circular.*

### FOR CATARRHAL STATE OF MUCOUS MEMBRANE OF THE STOMACH.

Dr. Roberts Bartholow gives:

℞ Tinct. iodini co..... } āā ʒj; 4.00 Gm.  
Acid. carbolic..... }

M. Sig. One drop three times daily.—*Clinical Lecture, in Medical Bulletin.*



## Pharmaceutical.

LISTERINE, THE NEW ANTISEPTIC PREPARATION.—We are glad to call the attention of our readers to a new and valuable contribution to antiseptic surgery. It is called LISTERINE, and the thought suggesting the name is indeed a happy one. It is a combination of the essential constituents of thyme, eucalyptus, baptisia, gaultheria, and mentha arvensis. Besides these each fluid dram contains two grains of refined and purified benzo-boracic acid. These substances, carefully prepared and combined in a solution of uniform strength, can not fail to do good service in the treatment of all affections requiring an antiseptic.

The preparation is convenient, safe, and agreeable. Locally it will be found of real value as a dressing for wounds, ulcers, and abscesses. It may also be employed as a constituent of solutions for atomization in lung-affections and of gargles in throat-diseases, while internally it must prove efficacious in all forms of fermentative indigestion.

Surgeons and physicians who have made use of any of the well-known ingredients of Listerine can attest their value, and will not fail to appreciate the advantage of having them always at hand in a suitable combination.

For a full description see advertisement in this issue.

CONVERSION OF HYOSCYAMIA INTO ATROPINA.—A. Ladenburg has succeeded in converting hyoscyamia into atropia, and has removed every doubt as to the identity of their products of decomposition. Perhaps they are to be regarded merely as physically isomeric.—*Druggists Circular*.

THE MELTING-POINT OF PETROLEUM OINTMENTS.—Vaseline melts at about 95° F.; cosmoline melts at about 100° F.; petrolina melts at about 110° F.; deodoroline melts at about 120° F.—*Dr. Sheppard, in New Remedies*.

FLUID extracts of digitalis and colchicum are said by Dr. Squibb to be more eligible preparations than the corresponding tinctures. They are eight times as strong, and cost only half as much.

OPIUM in aqueous infusion, combined with concentrated spirit of niter, is dispossessed of many of its disagreeable properties.

## Miscellany.

ATROPINE IN ACUTE MIDDLE-EAR INFLAMMATION.—The Medical Press and Circular states that Dr. Theobald has found atropia a useful remedy in inflammation of the external meatus, and still more effective in acute inflammation of the middle ear accompanied with violent pain, especially in children. He also exhibited it with success in cases of severe otitis media following febrile exanthemata. He employs a solution of four grains to the ounce of distilled water, and instills into the ear eight or ten drops of this at a time, leaving it there from ten to fifteen minutes. This may be repeated every three or four hours, according to circumstances. When the membrane is intact no constitutional effect is produced. In one instance only did it cause dilatation of the pupils, but in this case the membrana tympani was already perforated, and the remedy had been used freely in both ears.

A NOT UNEXPECTED COMPLIMENT.—The British Medical Journal says: "A very wise step has been taken by the superintendent of schools for the city of Chicago, who, on the recommendation of the health-commissioner, ordered that hereafter no pupil shall be admitted to the public schools without a physician's certificate that vaccination has been performed within seven years. . . . It seems that in Chicago nearly all the vaccinations now made are with *bovine virus*." It is fitting indeed that the exclusive use of *bovine virus* by the Chicago physicians should commend itself to the favorable consideration of John Bull. To the English thoroughbred there is no tie like consanguinity. "A fellow-feeling makes us wondrous kind."

MR. CHARLES DARWIN ON VIVISECTION.—Mr. Darwin has been so long known as a humane man, and had identified himself so warmly on a former occasion with a bill to control experiments on living animals, that the anti-vivisectionists counted him and paraded him as a sympathizer with their political vagaries and ignorant misrepresentations. To put a stop to the use of his name in this way, Mr. Darwin has written a note to Prof. Holmgren, from which we select the following passage: "I know that physiology can not possibly progress except by means of experiments on living animals, and I feel the deepest conviction that he who retards



the progress of physiology commits a crime against mankind. Any one who remembers, as I can, the state of this science half a century ago, must admit that it has made immense progress, and it is now progressing at an ever-increasing rate. What improvements in medical practice may be directly attributed to physiological research is a question which can be properly discussed only by those physiologists and medical practitioners who have studied the history of their subjects; but, as far as I can learn, the benefits are already very great. However this may be, no one, unless he is grossly ignorant of what science has done for mankind, can entertain any doubt of the incalculable benefits which will hereafter be derived from physiology, not only by man, but by the lower animals.—*Med. Press and Circular*.

**BON VOYAGE.**—Dr. Irwin Keller, formerly of this city, passed through Louisville, last Sunday, on his way to Europe, where he goes to study diseases of the skin. Dr. Keller has achieved early distinction among the physicians of this State. He was graduated several years ago by the Louisville Medical College, and at once accepted the position of assistant physician to the Central Kentucky Lunatic Asylum. During his term of service in this institution he discharged his duties with signal ability and to the complete satisfaction of the board of directors of the asylum. For the last year he has been in partnership with his father, Dr. J. M. Keller, at the Hot Springs of Arkansas, in the treatment of venereal diseases. Dr. K. goes abroad with the hearty well wishes of his numerous friends here and elsewhere.

**QUARANTINE AND PRAYER.**—From London Punch:

Look around about your city,  
Miserable sinners!  
Arouse to shame and pity!  
Use brush and lime—and pail;  
Feed those for want who fail;  
Bow down to ask for grace  
With cleaner hands and face,  
Miserable sinners!

**RECURRING ERYSIPELAS.**—Dr. Jas. Braithwaite states, in the British Medical Journal, that for many years he has used with entire success a strong solution of tannin (four to eight grains to the dram of alcohol and water). This should be laid on with a soft brush every two or three hours. If applied early, it soon arrests the course of the erysipelas.

**CALOMEL AND CHLORATE OF POTASH.**—A correspondent of the Med. and Surg. Reporter relates the following to prove the incompatibility of the two compounds:

C. W., aged four years, suffering from an attack of pharyngitis (acute). I ordered a purgative dose of calomel, and at the same time a prescription containing tinctura ferri chloridi and potass. chlorat., the latter not to be given till the purgative effects of the former had been obtained; but, contrary to my directions, in about an hour after giving the calomel they gave a dose of the iron and potash.

A short time afterward I was summoned, and found my little patient suffering from all the symptoms of poisoning by corrosive sublimate, but with no salivation, nor did any appear subsequently. I administered the usual remedies for such poisoning, and the recovery was rapid.

[The addition of the tincture of iron entirely changes the aspect of the question. The tincture is always decidedly acid, sometimes quite strongly so. The presence of a powerful mineral acid like muriatic acid will cause chemical decompositions which would not occur otherwise.]—*Druggists Circular*.

**THE TRICHINOSIS SCARE IN PARIS.**—The ham fair which is annually held at Paris, in the neighborhood of the Bastille, has lately closed. The result of the examination of the hams and sausages offered for sale during the three days of the fair is most reassuring for the Parisian public, and a convincing proof of the efficacy of the measures adopted by the Minister of the Interior to prevent trichinosis from becoming an article of commerce among the pork-butchers of Paris. In the two hundred and sixty-six thousand one hundred pounds of ham sold at the fair, not one joint was seized. Moreover, not a single sausage was condemned. Trichinosis was conspicuous by its absence; but *en revanche* four thousand five hundred pounds of meat were destroyed, being unfit for human food.—*British Med. Journal*.

**CASE OF PROLONGED FAST.**—An unmarried lady of Iowa City, Iowa, named Hattie Deuell, has recently starved herself to death. She is said to have gone without food for forty-seven days. The person in question had long been a sufferer from various nervous troubles. Finding life unpleasant, she determined to starve herself to death. No persuasion was able to induce her to take any thing but water.—*Medical Record*.



**TRICHINOSIS AT BELLEVUE.**—Dr. Janeway reported to the board of health, April 9th, a case of trichinosis in Bellevue Hospital. A man named Yager had been removed to the institution from a hotel in Greenwich Street five weeks ago, and though suffering acutely, the physicians for a while were unable to diagnose his case. Dr. Janeway, however, ascertained the nature of the disease when he cut some trichinæ from the patient's muscles. It was learned then that previous to his prostration Yager had eaten a quantity of boiled ham which was not well cooked, and which doubtless contained the trichinæ. This fact illustrates the truth that when meat is actually boiled until "well done" the heat acquired at a distance from the surface of the meat is not nearly sufficient to insure the death of the trichinæ.—*American Med. Bi-weekly*.

**REVISION OF THE GERMAN PHARMACOPEIA.** The committee having the work in charge has treated the question of the suppression of useless drugs and preparations with no sparing hand, for it is said that of the seven hundred and ninety-seven articles of the German Pharmacopeia, three hundred and seventy are to be suppressed. The committee has also proceeded with great circumspection in supplying additions to the Pharmacopeia. It admits salicylic acid, the nitrite of amyl, apomorphia, physostigma, jaborandi, and pilocarpin, but rejects condurango, the barks of coto and quebracho, the various preparations of eucalyptus, araroba, chrysophanic acid, bromide of camphor, butylchloral, gelsemium. With respect to antiseptic dressing, various articles have been added, as the concentrated solution of carbolic acid, formulæ for carbolized water, three sizes of catgut, sheets of guttapercha, thymol, and the acetate of aluminum.—*Med. Times and Gazette*.

**PARASITE IN LEPROSY.**—MM. Hillairet and Gaucher have communicated to the Société de Biologie the result of their preliminary experiments instituted for the purpose of ascertaining whether or not a parasite exists in the blood of leprosy patients. After taking precautions to prevent the introduction of foreign fungi, these investigators discovered the bacteria of leprosy to multiply and develop under their observation, giving rise to chains of articulated micrococci and to simple and ramifying filaments, presenting the ordinary appearance of the fungoid lower organisms.—*Le Progrès Médical*.

**PRESCRIPTION PIRACY.**—The Canada Lancet says: A prominent medical man in this city gave one of his patients a prescription for a hair-tonic, which was put up by one of our city druggists. One of the clerks, who afterward opened a drug-store in a western town not far from Brantford, Ont., copied the prescription, put it up in the form of a patent medicine, and styled it Dr. —'s Hair Restorer. The doctor's attention being directed to the matter, he was naturally very indignant about it, and sent the druggist a lawyer's letter restraining him from using his name in such connection. The druggist was immediately compelled to withdraw the advertisement, destroy the labels, and send the doctor an humble apology for having made improper use of his name.

**GLAD TIDINGS—GOOD NEWS FOR THE VALLEY—NEW ORLEANS IS TO BE SEWERED.**—The New Orleans Times announces the vote of the city council adopting the Waring system by a vote of five to two, and adds: "The city is to be sewered. We want all the world to know it. The city is to be drained. We want all the world to know it. The city is to be clean, sweet, fragrant with rose-blossom and orange-blossom, with jasmine and lily-bell, and we want all the world to know it. The city is to be the healthiest on the continent, and we want all the world to know it."

**DR. LUDWIG WALDENBURG**, Directing Physician in the Charity Hospital at Berlin, has just died. Renowned for his invention of the inspiratory apparatus which bears his name, he devoted his attention chiefly to diseases of the respiratory organs, on which he has also written a comprehensive treatise.

**NERVE-STRETCHING** is leading to dangerous manifestations of disturbed nutrition, shrivelling of the limbs, spontaneous amputations of fingers and toes, etc. It can not, as has been done, be used without great caution and circumspection. Cases reported to the Biological Society of Paris should serve as a timely warning.—*American Med. Bi-weekly*.

**THE** widow of a hawker died in the City of London Workhouse, on February 17th, whose age was stated to be one hundred and two years. She was a camp-follower at the battle of Waterloo, and had a son in the same workhouse, whose age is said to be eighty years.—*British Med. Journal*.



## Selections.

### High-heeled Shoes as a Cause of Backache.

—C. D. H. Drury, M.D., writes, in the British Med. Journal:

I am certain that in women the most frequent cause of backache is leucorrhea; and until this (whatever may be its cause) is cured the backache will continue. My experience is that considerably more than half the married women, and very many unmarried ones, suffer off and on from leucorrhea. I believe the most prolific cause of "whites" in unmarried women to be long standing on the legs and bodily fatigue. Another cause of backache is the wearing of high-heeled boots, which necessitates the continuous action of the muscles of the lower part of the spine, in order to maintain the proper balance and erect position. I have had four such cases, and I know of another, all cured by discontinuing the wearing of high-heeled boots. It is really quite surprising what very serious symptoms may arise from such an apparently trivial cause. The following is the first case about which I was consulted:

M. A., aged seventeen, an assistant in a large drapery-house in the city, a delicate-looking blonde, of pale lymphatic temperament, subject at times to hysteria, had been quite regular since she was fifteen, and occasionally the catamenia was very profuse. She complained of almost nothing except severe backache; "a feeling as if her back had been bruised," which frequently prevented from sleeping at night. She had had "whites" on several occasions, even sufficient flow to make her think she was menstruating; but at present she had none, and felt stronger and better than for some time, with the sole exception of backache. Her appetite, though generally capricious, was now good. I prescribed rest, change of air, valerianate of iron, and a large belladonna plaster to the back, and directed her to lie at least an hour, morning and afternoon, on the sofa, with a cushion well pressed into the back, and to take a short walk twice a day. She obtained a fortnight's holiday, and went, I think, to Bournemouth. When she returned the backache was no better; in fact worse; so much so that her mother was determined I should see it; she was sure "there must be something wrong with my daughter's back." She now also complained of aching in the calves of the legs and great tenderness in both groins. Her mother said she had noticed that her daughter had always complained more on Sunday nights and all day on Mondays, but during the last week every day was the same. Her daughter did not dislike her employment, and indeed was now most anxious to return. I examined the back carefully; nothing seemed wrong there, nothing was to be seen on the calves. There was no glandular enlargement nor any swelling in the groins, though there was tenderness to touch. Her urine was normal. I was about to leave the room, when I noticed that she was wearing very high-heeled boots. On my return to the room I told the mother that her daughter must have another fortnight's holiday; must carry out my directions as to medicine, rest, etc. as before; and in addition must wear woolen stockings, a pair of soft-soled house-slippers always; and, when she went out, put a pair of goloshes over them, but at no time wear boots. In a fortnight she called to tell me she was quite well and intended to return to her employment on the Monday following. I then explained

to her the sole cause of her backache was the wearing of high-heeled boots. She had never suspected this, even when I had ordered her to wear slippers; for now, looking rather confused, she showed me that she was again wearing the boots which she said she had put on again for the first time this morning to come into the city. She thought there was no harm now that she was quite well. Suffice it to say, she has not worn them since, nor has she suffered again from backache. Occasionally young ladies from the shops in the city come to consult me. If they complain of backache, my first two questions invariably are, whether they suffer from "whites" or wear high-heeled boots.

**Desquamation After Scarlet Fever.**—There is hardly any disease in regard to which diagnosis is at once so difficult and important as scarlet fever. All authors agree in saying that almost every prominent symptom of it may be wanting. All the symptoms of the earlier stages may either be absent or may be overlooked—sickness, sore throat, and rash. And even the temperature, judged by one or two observations, may be below 100°. All authorities describe and all practitioners are familiar with cases in which no suspicion of the disease exists until the occurrence of desquamation, in circumstances which leave no doubt that it is only a part of scarlet fever. But surely desquamation itself is also a most variable process, so variable as to excuse a good deal of the variety of opinion on it, which undoubtedly exists. It may be almost entirely absent, it may occur out of proportion to the amount of rash, it may be long delayed, or it may extend over a very variable period. . . .

The majority of authorities will be disposed to agree with Dr. David Page, that patients recovering from scarlet fever may have their desquamation much deferred, and that certainly they are not desirable as members of society for at least eight weeks. This is very hard, especially in cases where the disease is slight, where there is no sense of illness and but slight or no appearance of desquamation, but it is sound doctrine. The precautions may be excessive, but the case is one for great caution. Still it must be admitted that even among authorities there has been a variety—not to say looseness—of teaching which goes far to explain, especially in connection with the acknowledged variations in the process, the view taken by the medical officer of the school. Let us notice only a few that are at hand. Trousseau says, "Desquamation in scarlatina is not very well understood by the majority of physicians." He instances a case in which, though at the seventy-second day, it was still going on. Trousseau would have been apt to regard even Hebra as unsound, for Hebra speaks of desquamation as ending at "end of the third week." Dr. J. Lewis Smith, a very good observer, of New York, speaks of desquamation as succeeding the disappearance of the eruption and occupying "several days." Mr. Malcolm Morris says it begins in the latter part of the second week, but may commence as the rash fades, or not till the end of the sixth week. Dr. Bristowe says the period of desquamation is of various duration. "It is sometimes completed in one or two days, not infrequently extends over a week or two, and occasionally is prolonged for several weeks."

Whether difference of opinion is sound excuse for difference in practice, the variety in the process itself and the occasional instances in which it is deferred indicate the safety of a rule of exclusion of at least



six weeks, and if possible of eight. Parents and patients will often rebel against this hard doctrine, but, considering the gravity of the disease, it is a safe one for medical men to hold.

Our correspondent reminds us that all desquamation is not scarlatinous. He described one case in which it seemed to result from the administration of turpentine for hematuria. This suggestion is one to be remembered, when sanitary law and professional duty in connection with desquamation are often both delicate and difficult.—*The Lancet*.

**Malarial Poison.**—W. O'Daniel, A.M., M.D., of Georgia, in the *Atlanta Med. and Surg. Journal*, in commenting upon Dr. W. C. Maull's device for keeping out malaria by means of wire screens, says:

We have never recommended wire screens, but we are confident that they are of much practical utility, but not so efficacious as closed doors and windows after nightfall. We know of a clerk in a store at Bulard's, Ga., who is surrounded by a low, flat, damp, swampy section of country, where almost every one suffers more or less from fevers of malarial origin during the summer and autumn months. This gentleman consulted me as to the employment of some prophylactic means whereby he might at least mitigate expected attacks and recurrences of intermittent and bilious fevers. Of course he expected them, because but few of the inhabitants in that immediate section escaped such fevers. We advised him to close his doors and windows after sunset, and keep them closed until after sunrise during the "sickly season" as it is called, and that in our opinion he might at least enjoy partial exemption from bilious remittent and intermittent types of fever. Our advice was strictly adhered to, and for several years he has been almost free from malarial attacks, while others in the neighborhood, who disregarded the laws of hygiene and prophylaxis in this particular, have been compelled to succumb to repeated attacks of malarial fevers.

In the same neighborhood resides a gentleman, wife, and daughter, who had been residents of Philadelphia all their lives (he now being about sixty years old) until about ten years ago, when he concluded to change the monotony of city life for a country residence in Georgia, on the Ocmulgee River. He, having engaged in agricultural pursuits and compelled to be out late at night and early in the morning, suffered every year from malarial fevers, enlarged spleen and liver, despite remedial agents, whereas his wife and daughter, who remained indoors between sunset and sunrise, suffered very little from miasmatic fevers. Did time and space admit we could mention many other similar cases.

**Chaulmugra Oil.**—Chaulmugra oil is obtained from the seeds of *Gynocardia odorata*, a large tree, much branched, with ash-gray globular fruit, some three or four inches in diameter. It is a native of Pegu, Tenasserim, and other parts of the Malayan peninsula, whence it extends into India, being found in Assam, Khasia, and Sikkim, but not in the central or western parts. The seeds (*Gynocardia semina*) are officinal in the Indian Pharmacopeia, and are popularly known as chaulmugra, chaulmogra, or chaulmoogra seeds. The oil expressed from these seeds has been known for centuries to the Fakirs of India, by whom it is largely used in the treatment of leprosy

and skin-diseases generally. There is evidence to show that it has been employed by the aboriginal tribes in certain parts of India from the remotest times.

At the ordinary temperature the oil is solid, has a light-brown color, and a decidedly disagreeable taste and smell. It may be readily melted by placing the bottle in hot water, or allowing it to stand for a few minutes in front of the fire. . . .

In leprosy it has done good service; but its value as a remedy for phthisis, for which it was first used in England, is doubtful, although it seems to relieve cough and promote expectoration. The oil is given internally, and also used as an external application. It is most conveniently administered in empty capsules or in *perles*; but many patients take it well in milk, cod-liver oil, or almond oil. The usual dose is from five to fifteen minims. It is best to begin with a small dose, say two or three minims, three or four times a day, gradually increasing the quantity as the patient becomes accustomed to it. Dr. Murrell, as the result of a large number of observations, found that when administered in milk or cod-liver oil ten minims very frequently upset the stomach, giving rise to nausea and vomiting and not infrequently diarrhea. The chaulmugra oil *perles* contain four minims each, and most patients will take from one to four of these at a dose. When it is desirable to vary the dose frequently, the empty gelatine capsules will be found useful. It is almost essential that some such special mode of administration should be adopted, as few patients like the taste of the oil, or will consent to take it by itself for any length of time. It must always be given after meals.—*British Med. Journal*.

**Ergot in Aortic Obstruction.**—A correspondent of the *London Lancet* says:

I have a patient who has been suffering for some time past from, I think, aortic obstruction. Four consultants have seen the case, two of them at least very eminent men. The advice given has always been to rest upon the iron and digitalis treatment; and this was done and seemed sufficient until lately, when it completely failed, and the patient looked like going altogether to the bad. Dyspnea became extremely urgent, the action of the heart very tumultuous, and the pulse hardly perceptible. Stimulants appeared to increase the mischief, and all the ordinary remedies proved utterly useless. Anasarca first, then ascites supervened, then edema of the lungs, and the patient appeared to be moribund and not likely to last from hour to hour. In this extremity I had recourse to ergot, which had once before in my hands been successful for a time. The preparation used was the ext. ergotæ liq. (P.B.), and the dose given twenty minims every three hours, combined with five minims of tincture of digitalis. In a short time the most marked improvement in the pulse was seen, and in about three days the patient was breathing calmly and sleeping quietly, the pulse being full and soft, and not over sixty. Since then the dropsy has disappeared and rest can be taken lying quite low in bed; the dose of ergot has been reduced to ten minims every fourth hour, and the exhibition of it has now been continued for three weeks.

In my previous case, as soon as good improvement was established, and the patient could leave her bed for a sofa, the ergot was discontinued, when immediately the whole trouble recurred, and the patient quietly succumbed.



# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNÂ.*"

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J. W. HOLLAND, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M.D., . . . Managing Editor.

## VACCINATE AND REVACCINATE.

Our English cotemporaries with one accord admit that "what looks very like a smallpox epidemic is now raging in London."

In one locality alone there are more than three hundred cases under treatment, while in others new pest-houses must be built to meet existing necessities. Close and ill-ventilated quarters in various parts of the city form hotbeds of infection, which keep the disease alive and in a condition to spread far and wide. "The authorities are apathetic and sanitary inspection is a farce."

In the face of all this danger the anti-vaccination societies are getting in their work. Vaccination being compulsory is submitted to with doubtful grace, but revaccination meets with stubborn resistance. By means of public meetings and the free circulation of anti-vaccination literature the prejudice of the ignorant is wrought up to a menacing pitch. There have already been outbreaks of violence, and mob-law threatens to disarm the sanitary authorities and turn the city over to pestilence and death.

With a view of counteracting the influence exerted by these enemies of the public good, and neutralizing the effect of their pernicious literature, the National Health Society has issued a pamphlet calling attention to the prophylactic power of vaccination, insisting upon revaccination, and giving a number of facts which can not fail to

carry conviction to all who will give them an unprejudiced hearing. Twenty thousand copies of this pamphlet have been circulated, and many more are ready to be sent out.

This publication makes it plain that vaccination is the only available means of protection against smallpox; that with due care in the performance of the operation no risk of injurious effects from it need be run; that before its discovery the mortality from smallpox was forty times greater than it is now; that since vaccination has become compulsory in England the death-rate from smallpox is one half what it was in the previous sixteen years; that in the London Smallpox Hospital the records show a rate of mortality of less than one per cent for well-vaccinated persons against a rate of thirty-five per cent for the unvaccinated; and that the degree of protection is in direct proportion to the thoroughness of the vaccination.

Is it not strange that in the very land of its origin vaccination should find its most bitter enemies ; and that, coupled with their senseless opposition, there should exist such indifference on the part of those intrusted with the carrying out of this sanitary measure that a smallpox epidemic is not only made possible, but that its horrors are again likely to be visited upon London? Truly, "the mills of the gods grind slowly."

On this side of the Atlantic vaccination is certainly held in better favor, and its beneficent claims are for the most part accepted as a verity. But there begin to appear on our horizon the ominous fringes of that



transatlantic cloud, whose black shadow may yet perforce sweep over the land. New York can boast an anti-vaccination society; and though no respectable opposition to vaccination is to be found among the molders of our professional thought, we now and then see ridiculous diatribes denouncing the measure in the columns of eclectic medical journals and gratuitously-circulated pamphlets.

Our sanitary boards are not over-zealous in seeing to it that the unwashed shall not be allowed peaceably to breed and circulate smallpox; and it is among the possibilities of the time, to say the least, that we may yet have a taste of that bitter potion which our brethren across the sea are now forced to swallow.

Before the discovery of vaccination smallpox was more "terrible than an army with banners." Cholera and plague found lines beyond which they could not pass. Not so with smallpox. No altitude, no isothermal line could mark the limit of its march. It overstepped all bounds, it scaled the loftiest heights; it blew its pestilential breath into the most salubrious and otherwise secure retreats of men, and laid its loathsome blight upon the fairest forms. Jenner came forward with his great antidote, and under its protecting power the civilized world has for more than a century enjoyed comparative immunity from the ravages of this disease. Medical philosophers have believed that, properly applied, the remedy would annihilate the pest, and have ceased to speak of a smallpox epidemic except as a thing of the past.

It now begins to look as if this might be an illusion, and we are called upon to face the ugly fact that ignorance, indifference, and misguided judgment can in one community at least cripple the wise in the carrying out of protective measures, and so open the way for a general onslaught of the disease.

Perhaps a visitation of smallpox, such as punished the inhabitants of medieval times, when it depopulated cities and spread deso-

lation over the nations, will be necessary to bring the people of these days to a full recognition of their duty in the matter of vaccination.

It is not enough to know, we must *do* our duty. Knowledge may keep the mind in healthy exercise, and lead us to build theories and devise schemes for the promotion of sanitary science, but nothing short of that wisdom gained by experience from under the scourging hand of the pestilence will impel us to put them into effective practice. New Orleans was content to abide in filth, and Memphis to dwell upon the banks of an open sewer, till yellow fever had terribly punished the one and wrought ruin to every interest of the other.

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MILK-ADULTERATION.—The milkmen of Scotland seem just now to be in luck. According to the British Medical Journal, a dairyman of Glasgow recently adulterated, or rather reduced, his commodity fifty-six per cent by skim-milk. Some one bought about three pennyworth of this milk, and, suspecting crookedness, had it analyzed. The offender was brought to justice, but escaped punishment through the smartness of his attorney, who was able to make the law so read that the purchaser must state that he desires for analytical purposes all or a part of the milk bought. That is, as the law stands in Glasgow, it is criminal to adulterate milk intended for the chemist's laboratory, but venial if it be designed for general consumption.

We take it that the statute will have to go back to its framers for revision; and in the meantime skim-milk, without let or hindrance, will do its fearful work upon the defenseless people.

"O, Scotland, Scotland!

. . . . .  
O, nation miserable!"

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Now let the western legislatures emulate that of New York by requiring dealers to sell oleomargarine under its own name.



## Original.

### NOTES IN SURGICAL PRACTICE.

BY E. P. EASLEY, M.D.\*

MR. PRESIDENT—I will briefly report several cases which have recently fallen under my observation. They are not unique, but somewhat rare.

In August of last year Mr. B., a German farmer, aged sixty-eight, in attempting to load a saw-log was thrown violently to the ground and caught between the log and wheel in such a manner as to dislocate the sternal end of the clavicle upward. While an assistant held it in place I molded a cast of plaster of paris over it, and secured it with a figure-of-eight bandage. The right femur was dislocated also. He made a good recovery.

Less fortunate was the old colored man who extricated him from his dangerous situation. In making violent efforts to lift the log he ruptured his bladder, and died in a few days, so Dr. Burney informs me.

In February, 1880, Mr. G., German, aged sixty-three, fell a distance of fifteen feet, striking upon the pavement, fracturing the right olecranon and receiving other serious injuries. Drs. Bowman, Cannon, and myself attended him. The plaster-of-paris dressing was used, and opened on the seventh day, and gentle passive motion made daily thereafter till osseous union was complete. His right femur was broken through the neck at at the same time, which was also treated by the plaster-of-paris bandage.

Last January Mr. F., aged seventy-three, fell down a flight of stairs and fractured the neck of the scapula. I assisted Dr. Bowman in applying an apparatus to keep the fragments in apposition. This consisted of broad strips of stout adhesive plaster passed round the elbow, up the arm, and over the shoulder. The forearm was laid across the chest, and it and the arm firmly bound to the trunk by a broad roller. The functions of the shoulder-joint promise to be as good as they ever were.

On the 3d of March last I saw, with Dr. Stalker, of New Providence, and Dr. Bright, of Martinsburg, Mr. Fischer, who had sustained a severe fracture of the bones of the face. He was engaged in cutting spokes with a circular saw, when a hickory stick an inch and a half thick, six inches wide, and

thirty inches in length, caught on the teeth of the saw and was hurled with great force against his face, crushing the bones of the nose, completely detaching the superior maxillary, and exposing the cavity of the antrum upon both sides. Drs. B. and S. removed the fragments of bone from the nose, trimmed off the shreds of mucous membrane from the palate and malar bones, brought the soft parts together, and secured them with sutures and adhesive plaster. He made a rapid recovery, but with occlusion of the nasal passages and left lachrymal duct. The sense of smell is destroyed. His deformity is considerable. The upper lip falls into the mouth. The bony structure is entirely destroyed.

In 1879 Mr. A., aged twenty, had inflammation and suppuration of thyroid gland. I cut down to and removed it. Suppuration continued for some time, exposing the trachea and sheaths of the common carotids. The wound finally healed, leaving a large depression just above the sternum. The rings of the trachea can be felt covered only by the skin. The pulsations of the carotids are plainly visible. A deep inspiration produces great retraction of the tissues of the neck in the inferior triangles.

Mr. W., aged thirty-two, in August, 1880, while packing glass, let fall a large empty box, which struck him upon the shoulder, knocking him to a sitting posture, and, continuing its force, slid down his back, denuding it of the cuticle from first dorsal vertebra to the sacrum. Paralysis of the right leg was instantaneous. Two hours later the left leg was paralyzed. Bladder and rectum were also paralyzed. An examination of the vertebral column exhibited neither fracture nor luxation. Diagnosis, compression of the cord in the lumbar region from hemorrhage, either extra-, intra-, or submeningeal, or possibly into the substance of the cord itself. There was no priapism nor girdle pains characteristic of injury in dorsal region. There was of course retention of urine, which was intensely ammoniacal. Shock was extremely marked, and some muscular spasm simulating opisthotonos. For several days his head could not be raised to a plane level with his body. He was given chloral at first to subdue pain and spasm and induce sleep; subsequently he took ergot, and later strychnine.

About two months after the injury Dr. Nutt began the application of electricity. He gave him about forty applications, twenty each of the faradic and constant currents. Soon after the accident he was placed upon

\* Read before the Third (Ind.) District Medical Society, May 4, 1881.



a water-bed, which he still occupies. Notwithstanding this precaution to prevent bed-sores, a large one eventually appeared over the sacrum, which was dressed with oakum, and is now healed. Present condition: general health good; sensation normal in left leg, and some motion; slight sensation and but little motion in right, which is an inch longer than the left leg; paralysis of bladder and rectum continue. Prognosis favorable as regards life, but unfavorable as to restoration of sensation and motion.

NEW ALBANY, IND.

### A FOWL DEED.

BY F. A. SEYMOUR, M.D.\*

Among the most beautiful and attractive of the wild mountain-flowers of California, the nightshade, whether in bloom or berry, stands prominent. Unfortunately for ranchmen, the chickens are passionately fond of the ripe berries, whose effects are uniformly fatal. Whether this indulgence is a violation of instinct, or a perversion of appetite, chickens have never revealed. The fruit is evidently eaten for the sake of the consequent exhilaration and intoxication; and like certain other bipeds, without feathers, not appreciating the fact that the safest moderation is total abstinence, the fowls fling themselves headlong into chicken hades for the sake of a few moments illusory delight. On getting a taste of the berry, or rather of its effects, the chicken begins to eat ravenously as if starved. It does not stop until the crop is stuffed to repletion. Soon the restless activity peculiar to the first stage of poisoning by the solanaceæ is manifest, the victim running hither and yon apparently without purpose. After a time its motions become tremulous and its gait unsteady. It squats on the ground and shortly falls forward on its breast—or rather, on its distended crop—and in that attitude, after a profound stupor more or less prolonged, it dies.

While down the coast last July, the guest of an intelligent Pennsylvania gentleman, the owner of a mountain-ranch, my attention was directed to these facts; and the following interesting case, corroborated by his wife, was related:

A valuable hen of fine stock had, on the sly, gone off on a belladonna spree. When discovered she was apparently *in articulo mortis*. The owner had sustained frequent losses from this fowl folly, and had used nu-

merous antidotes in vain. In this instance he decided upon an untried experiment. With the sharp blade of his pocket knife he laid open the crop in the mesial line and removed the entire contents. The existing stupor was so profound that no resistance was offered. With sewing-needle and thread he then inserted five or six interrupted sutures neatly closing the wound. Hemorrhage was barely noticeable. The bird was placed in a quiet corner convenient for observation. This was about noon. After an hour or two consciousness returned, soon followed by power of locomotion; and at the approach of night, unaided, she assumed her accustomed place on the perch. For a few days she was kept up and restricted to fluid food. A week subsequent to the operation it was discovered that the pouch *leaked*. On examination, the wound had healed by first intention, with the exception of a small space at the lower end, where the last stitch had pulled out. Another stitch was immediately inserted, the leak stopped, and the case went on to a rapid recovery, without suppuration and without Listerism. At the time of my visit the fowl was thriving, having brought off two broods since her double escape from the jaws of death.

I have made a memorandum of the above as an interesting case of restoration from belladonna-poisoning, and more especially as a remarkable piece of *lay* surgery performed upon a *hen*.

OAKLAND, CAL.

### Correspondence.

#### DEATH FROM VAGINAL INJECTION.

*Editors Louisville Medical News:*

My attention being called to an article in the NEWS of May 14th, 1881, written by J. A. Stucky, M.D., of Lexington, Ky., on the dangers attending the use of vaginal injections, has prompted me to report the following case:

April 30th was called to see Mrs. T., aged thirty-eight years, mother of three children, the last of which was born March 17th ult. in absence of medical attendance. Found her suffering with severe pain over the whole of the abdomen, tympanites, and great gastro-intestinal irritation, with diarrhea, thighs flexed on abdomen, pulse 135, breathing labored, pinched appearance of countenance, cold extremities, and surface of body bathed in a cool, clammy sweat. I learned that she

\* Read before the Third (Ind.) District Medical Society by the secretary.



had not been getting along very well since her confinement, especially during the week previous to my first visit. Although she had been going around attending to her domestic duties, she had complained of flashes of heat and cold running over her occasionally, accompanied with a clammy sweat. Also some pains in pelvic region.

Upon further inquiry as to the cause of her present great suffering, I was informed that on the previous evening (April 29th), while stooping over a basin containing an infusion of oak-bark, and using an ordinary Davidson syringe, she was suddenly seized with violent pains and cramping in the lower part of her bowels; so much so indeed that she could not get to her bed without assistance. According to her statement she believed the nozzle of the syringe had entered the mouth of the womb. The parts were so much inflamed it was impracticable to make a satisfactory vaginal examination. However, I learned there was an incomplete laceration of the perineum resulting from her last confinement. I ordered morphine, bismuth, and digitalis per orem, mustard fomentations to the bowels, and discontinuance of the use of the syringe, believing the latter to be the immediate cause of her great suffering.

On the following day (May 1st) I found her with high fever (temperature  $104^{\circ}$ ) and somewhat delirious. Gave her brom. sodium, aconite, and quinine.

May 3rd: Found her in a collapsed condition, in which she remained until the following day (May 4th), when death closed the scene.

This to my mind was a case of septic fever, with an attack of general peritonitis and metritis, precipitated by some of the injected fluid entering the uterine cavity.

TRUXTON, MO.

J. M. LEMMON, M.D.

## Reviews.

**A Medico-Legal Treatise on Malpractice, Medical Evidence, and Insanity, COMPRISING THE ELEMENTS OF MEDICAL JURISPRUDENCE.** By JNO. J. ELWELL, M.D., one of the editors of the new edition of Bower's Law Directory, etc. Fourth edition, revised and enlarged. New York: Baker, Voorhis & Co. 1881.

We greet this royal octavo of about six hundred pages, bound in legal calf, with the title stamped upon red leather, as a pleasing though unfamiliar form on a doctor's table. It is written by an M.D. who once practiced

medicine, and who now for many years has been a member of the Cleveland bar. The first edition, issued twenty years since, had a favorable run. Periodical revisions have supplied the original text with additions of the relevant medical and legal matters that have subsequently transpired.

Every doctor, but especially those so proficient in the branches of medicine as to be called on as experts, will meet in its covers with valuable data for use in every-day life. It is much more interesting to us than books of technical law, having a character of its own distinctly scientific, demonstrating the exceptional culture with which the author was equipped. Learned jurists have said that the full annotations and references bring it abreast with the latest decisions.

It is seldom that a work so widely esteemed, and with a character so solidly fixed, seeks a place on our shelves. A careful study of these interesting chapters upon the doctor's obligations and rights would without doubt make one a better practitioner of medicine, and perhaps some day save him from vexatious litigation if not positive legal penalties. The first half supplies the needed information on malpractice. The remainder deals with such subjects as abortion, medical evidence, insanity, poisons, infanticide, and coroner's inquests.

In a convenient and compact volume are embraced discussions upon the topics which above all others are most apt to come before the doctor in his legal relations as practitioner and witness. From every quarter all that has a practical and systematic bearing upon forensic medicine has been culled and set forth so pointedly and concisely as to receive universal praise.

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**Bartholow's Medical Electricity.** With ninety-six illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881. 8vo, pp. 256.

In some respects it was an auspicious day when Dr. Bartholow took to making books. An enormous store of reading was made available to the profession through the medium of a clear and concise style of writing. He has no superior in the art of compiling and presenting adequately, though briefly, the useful bits of knowledge scattered widely in medical libraries.

As a medical author he is any thing but critical, and takes as fish all that is caught in his net. It is not given to many of us to find reason in our experience for the confidence in the power of remedies which he



every where evinces. Ten years' faithful trial of electricity in many diseases will usually satisfy a doctor that its applications in practice are quite limited. A tyro would suppose from this treatise that the claims of "electro-pathists" are not exaggerated, and that it is a veritable cure-all. This appears to be a vice inherent in systematic works on therapeutics, but to some credulous minds it has the aspect of a virtue. The "electrical polyscope," for using secondary polarization currents in lighting and heating, is described, and the Toepler-Holtz machine for statical electricity is very favorably mentioned.

**The Diseases of Children: A PRACTICAL AND SYSTEMATIC WORK FOR STUDENTS AND PRACTITIONERS.** By WILLIAM H. DAY, M.D. Second edition, rewritten and much enlarged. Philadelphia: Presley Blakiston. 1881. Pp. 752.

A rough test in determining the point of advance of a book on practice is to turn to the section upon diseases of the nervous system. So much that is new and valuable needs to be incorporated in late editions, that was not known a lustrum ago, that if this part is well set forth we can safely count on the rest.

Considering the size of this volume, the part alluded to is quite full, and fails not to note the important discoveries of late years.

The classification is according to modern pathology, and the therapeutics dwelt upon at such length as to be the most prominent feature of the work. The author quotes at length and frequently from standard writers, and thereby shows his good sense. If he were to confine himself to recounting his own experience solely, the volume would have been much less useful, though it would still have been a desirable addition to medical literature.

## Books and Pamphlets.

THE POPULAR SCIENCE MONTHLY, JUNE, 1881.

ON UNNECESSARY SURGICAL OPERATIONS IN THE TREATMENT OF DISEASES OF WOMEN. By Clifton E. Wing, M.D. Brochure from Boston Medical and Surgical Journal.

LOCOMOTOR ATAXIA DIFFERENTIATED FROM THE FUNCTIONAL CONDITIONS WHICH SIMULATE IT. By A. D. Rockwell, A.M., M.D. Reprint from the New York Medical Journal.

DIFFERENTIAL DIAGNOSIS OF FRACTURES AND DISLOCATIONS OF THE FEMUR AT THE HIP-JOINT. Tabulated by H. Aug. Wilson, M.D., of Philadelphia. Reprint.

## Medical Societies.

### SOUTHWESTERN KENTUCKY MEDICAL ASSOCIATION.

The Twentieth Semi-annual Session of the Southwestern Kentucky Medical Association convened at Paducah, Tuesday, May 17, 1881, with Dr. J. W. Singleton, of Paducah, president, and Dr. F. T. Davis recording secretary.

The following gentlemen were elected officers of the society for the ensuing twelve months:

*President*—Dr. A. B. Whayne, of Fulton.

*Senior Vice-president*—Dr. J. H. Norris, of Metropolis.

*Junior Vice-president*—Dr. J. J. Harris, of Dulaney.

*Recording Secretary*—Dr. Sam'l H. Singleton, of Barlow.

*Corresponding Secretary*—Dr. J. A. Maxwell, of Paducah.

*Treasurer*—Dr. D. A. Maxwell (reëlected).

On call of standing committees, Dr. C. W. Miles, of Jordan Station, responded as chairman of Surgical Department with a strong and ably-written paper on Listerism. A warm discussion followed the reading of Dr. Miles's report, in which Drs. Thompson, Dismukes, Beeler, Wheelis, Brooks, and others took part.

Dr. J. J. Harris, of Dulaney, then came forward and read an ably-prepared account of a case which recently occurred in his practice. Dr. Harris was highly complimented upon his first effort in the association.

Dr. Jas. Hendley, of Farmington, obeyed the call for his report on Obstetrics, which was well written and finely read. His report was also discussed by several members present.

The selection of the place for the next meeting of the society in November, 1881, then came under consideration. After a spirited contest between the friends of Fulton and Columbus, and three or four ballots, the city of Columbus secured the coveted honor.

Dr. J. W. Singleton, the retiring president, delivered his address on various medical topics; namely, sanitation, quarantine, medical legislation, finances; an abstract of which we expect to publish soon.

Dr. C. M. Sebastian, of Martin, Tenn., read a paper on the Treatment of Typhoid Fever, which was very generally and favorably discussed, and finally referred to the Publishing Committee.

Resolutions of respect to the memory of the late Dr. Richard O. Cowling were introduced and passed, and likewise proceedings of a similar character in regard to Dr. Gid. W. Paschall, deceased.

Dr. R. T. Hocker followed with a volunteer report on Medical Ethics.

Dr. Wm. M. Wilson exhibited an interesting case of Talipes Equinus.

A discussion upon hydrate of chloral then came up, in which many members took part, including Dr. Linning, of Evansville.

Dr. A. B. Whayne, with Dr. Norris in the chair, came next in order with an interesting report upon Puerperal Fever, which was extensively discussed.

The next meeting of the association will be held in Columbus, Ky., on the second Tuesday in November, 1881, at 7 o'clock, P.M.



## Formulary.

### COUGH-MIXTURE.

A correspondent of the Therapeutic Gazette recommends the following:

The following is a valuable combination in coughs, meeting as it does the indication in cough due to peripheral irritation and central irritability, and not attended with expectoration (dry cough):

℞ Acid. bromhyd..... ʒvj; 24.00 Gm.;  
Morph. sulph..... gr. iij; 00.19 "  
Ext. grindel. robust..... } āā ʒj; 30.00 "  
Ext. yerb. sant., fluid.... }  
Syr. ipecac., q. s. ad..... ʒiv; 124.00 "  
M. Sig. A teaspoonful every three hours.

When there is profuse expectoration, the following:

℞ Ammon. mur..... } āā ʒij; 8.00 fl.Gm.;  
Aqua, q. s. sol..... }  
Tinct. opii camph.... } āā ʒss; 15.00 "  
Ext. yerb. sant., fluid. }  
Syr. senegæ..... } āā ʒj; 30.00 "  
Ext. glycyrrhiz., fluid. }  
Glycerin, q. s. ad..... ʒvj; 186.00 "  
M. Sig. A tablespoonful every three hours.

### SNUFF AS A MEDICINE.

Dr. Murray, of Newcastle, who has paid a good deal of attention to the subject, states that he has never known a snuff-taker die of consumption. He gives the following formulæ for snuffs applicable to various complaints:

#### Snuff for Colds and Consumption:

Virginia leaf, stemmed.... ʒx; 300.00 Gm.;  
Ohio leaf, stemmed..... ʒijj; 90.00 "  
Havana leaf, stemmed.... ʒij; 60.00 "  
Bells of lily of the valley, ʒ½; 15.00 "  
Mignonette flowers..... ʒ½; 15.00 "

Triturate together, by degrees, in a rosewood mortar with a pestle of sassafras wood, and pass the mixture through a pinhole sieve. The tobacco should be well mellowed by years of keeping, in mass, and the flowers plucked in their prime, carefully dried, and not too long kept. When the flowers of the lily of the valley can not be had, twenty or thirty drops of oil of lavender might be used instead. To be taken at discretion.

#### Errhine for Colds, Catarrh, etc.:

Yellow Maryland tobacco.. ʒxij; 360.00 Gm.;  
Pellitory-root..... ʒii¾; 82.00 "  
Euphorbium, powdered.... ʒ¼; 8.00 "

Crush the pellitory-root, then grind it and the tobacco to a fine powder, screen it through a hair sieve, and add the euphorbium. One pinch night and morning.

This is good for torpid liver, headache, sudden loss of hearing from cold, stuffing of nose, certain eye affections, and spasms of the air passages.

#### Sternutatory for Influenza, etc.:

Virginia or Connecticut leaf.. ʒx; 40.00 Gm.;  
Bells of lily of the valley.... ʒiv; 16.00 "  
Powdered white hellebore.... ʒij; 8.00 "

Grind the two first substances in a mortar of camphor wood and add the white hellebore. This snuff is too strong for ordinary use. It is recommended in influenza, cholera, to excite respiration in the nearly drowned, in fainting patients, or to expel foreign bodies from the nose or windpipe.—*Druggists Circular*.

### SCLEROTINIC ACID HYPODERMICALLY IN UTERINE FIBROIDS.

Prof. Sotschaw, of Charkow, injects twice daily two or three syringefuls of a five-per-cent solution of sclerotinic acid, hypodermically, for uterine fibroids. In two hours after administration in this manner the uterus begins to contract. A fresh solution must be prepared for each injection. The professor has employed this method of treatment for a year without any untoward results.—*London Practitioner*.

## Pharmaceutical.

**MALTINE.**—In the last five years, owing to the enterprise of manufacturing pharmacists, a great many candidates for admission into the materia medica have been brought before the profession. Among those that deserve the high favor they have received must be put the group of preparations which have malted grain as their base.

The diseases of modern life are characterized mainly by debility and wasting, and call for all the appliances of "restorative medicine" to check the downward tendency. The simple meat-extracts have had their day, and are seldom seen away from the bedside; but maltine and its peptonized compounds not only "hold their own," but appear to increase in popularity. The theoretical assumption that rich partly-digested amylaceous food, joined to its digesting ferment, would have the power of forcing the constructive activities of the body has really met with practical fulfillment. The use of malted extracts rests now upon the secure basis of experience, while it illustrates the value in therapeutics of correct scientific deductions.

Mention must be made of the elegant appearance and agreeable flavor which make maltine so eminently satisfactory as a vehicle for remedies of the same therapeutic class. Its consistency is just the thing for an emulsion of cod-liver oil; its flavor suited to mask the salty taste of the alteratives.

When rectal feeding has been determined upon, no more efficient nor eligible compound could be discovered than maltine with peptones.

**IODIA.**—In iodine may be found the active principles (obtained from the green roots)



of stillingia, helonias, saxifraga, and menispermum with aromatics, into which have been introduced iodide of potassium, and phosphate of iron in such quantities that each fluid dram of the preparation shall contain five grains of the former and three grains of the latter.

If Messrs. Battle & Co. had stopped with the vegetable constituents of this preparation, they would certainly have had a useful medicine; but now that they have been able to make these serve as a vehicle for the exhibition of such sterling therapeutic agents as potassium iodide and ferri phosphate, they may be congratulated upon having constructed an alterative of peculiar power and wide range of application.

Received with favor from the first, and subsequently tested and proved, iodida has become with the profession a favorite remedy in the treatment of syphilis, scrofula, and many other cachexiæ.

CELERINA is the new nerve-tonic brought to the notice of the profession by J. C. Richardson, chemist, St. Louis, Mo. It is doing good service in the treatment of nervous debility. As illustrative of its efficiency in restoring impaired nerve-power, we quote the following from the Medical Brief:

IMPOTENCY — NOCTURNAL EMISSIONS. — I am charmed with the effects of celerina (Richardson, St. Louis) in nervous and sexual debility. I have treated several cases of impotency, that have sorely tried my patience, with complete success under the use of celerina, in teaspoonful doses, four times a day. I can say from experience that the following combination will give perfect satisfaction in the treatment of nocturnal emissions:

R Celerina .....  $\frac{3}{4}$  iij;  
Bromidia .....  $\frac{3}{4}$  j.

M. Sig. One teaspoonful three times a day in water or syrup.

This will stop the emissions, strengthen the sexual organs, and build up the nervous system at the same time.

GEO. WEAVER, M.D.

DOES CALOMEL EVER CHANGE TO CORROSIVE SUBLIMATE IN MEDICINAL MIXTURES? This much-discussed question has been the subject of the prize-query of the Meurer-Fund (Germany) for the year 1879-80. A translation of the query is the following: "On the changes which calomel undergoes after some time, if it has been triturated with sugar, milk-sugar, gum-arabic, powdered licorice-root, powdered marshmallow-root, or powdered aloes, or if it has been made into pills with the same substances." The prize for the best solution was awarded to Paul

Merres, an apprentice of Mr. O. Schade, in Sommerfeld. The results were *all negative*, and were confirmed by control analyses of mixtures containing  $\frac{1}{20000}$  of mercuric salt, in which latter both hydro-sulphuric acid and copper still distinctly proved the presence of mercury while they failed to do so in the former.—*New Remedies*.

## Miscellany.

PILOCARPIN AN ANTIDOTE FOR BELLADONNA.—Dr. Nicholas Grattan, L.R.C.P.Ed., reports, in the British Med. Journal, a case of belladonna-poisoning which he relieved with pilocarpin. The patient, a woman, forty-two years of age, drank by mistake a wineglassful (eighteen drams) of belladonna liniment. Discovering her mistake, she took two teaspoonfuls of mustard, in water, but with no effect. She afterward swallowed an emetic obtained from a neighboring drugstore, but soon grew dizzy, had dimness of vision, lost power of speech, became excited, had convulsions, vomited slightly, and then lapsed into profound stupor.

An hour and forty-five minutes from the time of the swallowing of the poison elapsed before the doctor saw her. At this time her pupils were widely dilated and insensible to light; the face was swollen and of a bluish color; the lower lip tumefied, its mucous membrane apparently blistered; the pulse imperceptible in one wrist, almost so in the other; and the respirations twenty-five per minute.

After trying the usual restoratives—viz. washing out the stomach, cold affusions, flagellation with a wet towel over the heart—and seeing no improvement in the case, Dr. Grattan resorted to pilocarpin, giving it hypodermically in doses of one fifth of a grain every fifteen minutes. After the third dose there was decided improvement. Consciousness returned, the countenance began to assume a more natural appearance, the pulse grew distinct, and she was able to raise her hands. In forty-five minutes from the time of the first dose a fourth was given, when both pupils became sensible to the influence of light. The patient then drank a cupful of tea and milk, and was able to speak. After this she had a refreshing sleep, on waking from which she did not remember that any thing unusual had happened. Some dizziness was complained of for two days subsequently, which was relieved by



half-dram doses of laudanum nightly, and on the third day the patient was discharged completely cured.

**SMALLPOX.**—From the recent report of Health-officer Montgomery relative to smallpox in Louisville (*Courier-Journal*) we learn that in February two cases of smallpox were reported and admitted to the Louisville Eruptive Hospital. In April fourteen cases, three of which were fatal. In May nineteen cases, with two deaths; six of these occurred in the marine service. Between the dates April 1st and June 1st thirteen smallpox patients were treated at their homes; of these four were fatal. Eight cases have been found since June 1st. One of these only would consent to go to the hospital. The disease appears to have sprung up among, and so far with the exception of three cases has been confined to, the colored people.

Dr. Montgomery states that the death-rate among patients sent to the hospital has been but one in seven cases, while among those who have been treated at their homes one to every three and a half has proved fatal.

The colored people to whom at present the disease is confined are indifferent as to consequences, and go in and out among their neighbors regardless of the smallpox flags, which should warn them to keep away from houses containing the disease; and in view of this the health-officer gives the timely warning that nothing short of general vaccination, rigidly applied, will prevent a wide dissemination of the disease.

**FUNERALS AND THE DISSEMINATION OF INFECTIOUS DISEASE.**—The Board of Health of New York has passed the following useful but somewhat stringent regulation: "There shall not be a public or church funeral of any person who has died of smallpox, diphtheria, scarlet fever, yellow fever, typhus fever, or Asiatic cholera; but the funerals of such persons shall be private. And it shall not be lawful to invite or permit at the funeral of any person who has died of any of the above diseases, or of any contagious or pestilential disease, or at any of the services connected therewith, any person whose attendance is not necessary, or to whom there is danger of contagion thereby." Violation of the ordinance will be a misdemeanor, punishable by a fine of two hundred and fifty dollars. Our American cousins are certainly far in advance of us in their dealings with infectious disease. We have not yet arrived at the stage of prohibiting "wakes"

in cases of death from undoubted infectious disease, with the disastrous results more than once recorded in these columns. We doubt the possibility of passing or enforcing such a regulation as the one we have quoted in this country. It would be held to interfere too much with the liberty of the subject—to engender and disseminate disease.—*Brit. Med. Journal*.

**THE LATE SENATOR CARPENTER AND THE COLON.**—The bright, mirthful soul of Carpenter was not overawed even by the shadow of death. The evening before he died he suffered excruciating pain, and in his agony wanted an explanation of the cause. "The pain is caused, Senator," replied a physician, "by a stoppage of the colon." "Stoppage of the colon, eh?"—and again the sense of humor overcame pain itself—"Well, then, of course it is n't a full stop."—*Medical Record*.

THE censors of the Medical Society of the County of New York have evidence against a number of unqualified doctors, and are prosecuting two persons before court now. Well begun is half done. A few convictions will have a very wholesome effect on the entire body of outlaws.

**RELIEF OF THE PAIN OF CANCER.**—M. Angen (*Union Méd.*) prescribes a lotion of one part of sulphate of atropia to one thousand parts of distilled water. Compresses wetted with this solution are applied to the painful part and covered with oiled silk or gutta-percha, renewing them three or four times daily. They give material relief to pain without causing symptoms of absorption, such as dilatation of pupils or dryness of throat. The action seems to be entirely local, consisting in contraction of the vessels with diminution of sensibility.—*Med. Times and Gazette*.

**FORGOTTEN BY DEATH.**—Old Prof. Chevreul, aged ninety-five, has just completed that course of forty lectures on Chemistry for which he was so widely advertised a few weeks ago. As his father lived to be one hundred and five, the old gentleman may yet lecture the century out.—*Phila. Med. Times*.

THE University of Pennsylvania will no longer have the teachings of the venerable Alfred Stillé. He has lately resigned his chair in the medical faculty.



**RESECTION OF THE PYLORUS.**—Another case has to be added to the list. On April 8th, Dr. Wölfler, assistant to Professor Billroth, performed resection of a cancerous pylorus on a man aged fifty-two. The case was regarded as favorable for the proceeding on account of the mobility of the tumor, which was apparently about the size of a hen's egg. The operation, which lasted two hours, was not followed by fever nor by vomiting, and the patient was able to take fluid food two days later. On the tenth day he ate, with good appetite, a veal-steak; and a fortnight after the operation was in a most satisfactory condition. The wound in the abdominal wall had healed by first intention, and without any constitutional disturbance. —*British Med. Journal.*

**OVER A THOUSAND DEATHS FROM SMALL-POX.**—During the last week one hundred and forty-six cases of smallpox were reported in Philadelphia, of which thirty-five were fatal. Since November last there have been very nearly five thousand cases of smallpox in the city, of which over one thousand, or one in five, died.—*Med. and Surg. Reporter, May 21, 1881.*

**COLOR-BLIND RAILWAY OFFICIALS.**—An examination of railway employes in Brussels has disclosed the fact that five per cent were color-blind, more or less, and in accordance with the rules they have been removed from posts in which the ability to distinguish colors is of importance. This country is much behind others in the matter of such examination, and this may in some degree account for the frequency of railway accidents, and for errors in reading the signals and managing the points, otherwise unaccountable.—*British Med. Journal.*

**NO YELLOW FEVER THIS YEAR.**—The officers of the National Board of Health and the Marine Hospital Service have been examining the reports received by them from all points where yellow fever is likely to originate or occur. The reports all inspire the board with confidence that there will not be any yellow fever in the United States this year.

**A CONSULTATION.**—From London Med. Gazette:

A single doctor like a sculler plies;  
The patient lingers and by inches dies;  
But two physicians, like a pair of oars,  
Waft him with swiftness to the Stygian shores.

## Selections.

**Tropical Diarrhea.**—From the Lettsomian Lecture of Sir Joseph Fayrer, K.C.S.I., M.D., etc. (Brit. Med. Journal):

*Definition.* The definition that may be given of diarrhea is, a discharge of fluid or semi-fluid excreta, serum, mucus, secretions, and the natural contents of the bowels. Though unattended, as a general rule, with tenesmus or much griping, there are increased peristaltic action and secretion, and the hurrying on of fluid naturally secreted but not reabsorbed. The causes are, irritation of various kinds—certain articles of food, drink, drugs, poisons, acrid secretions; mental emotions; sudden exposure to extreme heat or cold; morbid conditions of the mucous and follicular structures of the intestines, consequent on the continued operation of the above-named or other causes; diseases, such as typhoid, dysentery, cholera, hepatic disease, and others; miasmata of decomposing organic matter, alcohol, malarial poisoning, cachexia, or a state of general debility and tissue-degeneration of a fatty or lardaceous character, involving the intestinal tube with other tissues in general atrophy.

*Etiology.* In considering the causes of tropical diarrhea, we must refer to those already mentioned as giving rise to dysentery; for it is difficult to draw any line of distinction between the diseases, and, where official returns are obscure in this respect it may no doubt be ascribed to the uncertainty of diagnosis. So much is this the case that in the general civil returns dysentery and diarrhea are not separated. Diarrhea is a symptom of disease rather than a disease itself. It may depend on several causes: 1. On an effort to relieve the intestine of offending ingesta, whether of food, drink, drugs, poisons, entozoa, acrid secretions, or the like. 2. On hepatic, splenic disease, or derangement of these functions, and portal congestion; on structural or functional disturbance in the abdominal viscera; changes in the mucous membrane and follicles of the intestines. 3. On a condition of general disease (when it is eliminative of morbid matter in the blood), as in septicemia, renal disease, gout, fevers, dysentery, typhoid, cholera, tuberculosis, cancer, scurvy, anemia. 4. On the reabsorption into the blood of excretions and secretions, the suppression of natural discharges (when it is vicarious). 5. On exposure to malarial and climatic influences, miasmata of various kinds, especially of decomposing fetid organic matters, foul air and gases, alcoholic intemperance, sudden alternations of heat and cold, of dry or moist air. 6. On mental emotions, such as fear, anxiety, anticipation (when it is reflex). 7. And it may be the result of degeneration and atrophy of the tissues generally, but of the bowel in particular, as a consequence of starvation or of malarial cachexia (when it is wasting and chronic).

*Symptomatology.* One of the most troublesome, tedious, and often dangerous forms of diarrhea, often intractable and obstinate in character as it is exhausting in its effects. Though generally seen in those who have spent many years in hot climates, it occasionally occurs in others who have been there but a short time. It is known as "diarrhea alba," or white flux—so called from the gray, whitish, light or clay-colored evacuations, which are frequent, copious, fluid, or semi-fluid, often frothy, and occasionally lienteric, especially after any indiscretion in diet; or mixed with mucous tinged with blood, when any fresh source of



enteric irritation or congestion may have been induced. The appearance of persons suffering from this disease is characteristic. They are pale and emaciated, with loose, dry, flaccid, flabby skin, which in later stages becomes discolored, as in chloasma or Addison's disease. The fat disappears; the eyes are pearly; the lips and conjunctivæ are blanched; the tongue is dry and smooth, and in advanced stages it appears contracted and shrunk; its papillæ are obliterated; the surface is red, glazed, and dry; at times its edges are excoriated, and the buccal mucous membrane becomes the seat of aphthous spots or epithelial proliferation, and so tender and sensitive as to be intolerant of wine or any substance or fluid in the least pungent or stimulating. The earlier phases are often characterized by some evidence of malarious poisoning, such as fever, neuralgia, or myalgia. Distention of the abdomen, especially after food; dyspepsia; irritability of the bowels, which are provoked by any thing taken into the stomach to expel their contents; general languor and debility, mental and physical—all increase until all exertion is difficult and distasteful. As the diarrhea gradually increases, these symptoms may to a certain extent be mitigated, and the patient think himself better; but, as it insidiously progresses, the strength fails, and sooner or later he feels himself compelled to give up work, and seek recovery in change of climate. There is at last extreme anemia; dropsical effusions take place in the areolar tissue of the lower extremities. . . .

**Treatment.** The commencement of chronic diarrhea is often insidious, and the disease gains ground before radical measures are resorted to for its removal. In the cases that come under notice at home the most essential step toward recovery has been taken by returning to Europe; but there remains much to be done to further the improvement, which may probably have advanced considerably during the sea-voyage. The successful treatment of chronic diarrhea depends very much on the patient's resolution and perseverance in carrying out the instructions he receives. Diet is the most important element in it, and this must be strictly regulated. All irritating or indigestible and solid food must be at first entirely prohibited, and only that most easily assimilated allowed. Milk, alone or better diluted with about one fourth or one third part of lime-water, given in small quantities and at frequent intervals—say a wineglassful or small tumblerful every second or third hour, in some cases more frequently—will generally be found to answer, and may be continued for a long time, to the exclusion of all other food, with great advantage. Milk undiluted will not always agree, as may be seen by its causing irritation, frequent purgation, and the passage of undigested caseine. But it is quite sufficient for all purposes of nutrition; and by the time the patient finds that he is taking three or four quarts a day, he will have realized that he obtains from it all that is needed to support health and strength. At first he may lose weight, but soon regains and increases it. Beef tea, raw beef juice, or other plain animal broth, free from extraneous matters; a raw egg beaten up with milk, to which a teaspoonful of brandy may be added, will sometimes be tolerated. Arrowroot, tapioca, or other plain farinaceous food, will sometimes, but not always, answer—certainly not at first. Tea and coffee, as a general rule, disagree, and should be avoided. Stimulants, especially for those who have long been habituated to their use, may be needed. The best are a little whisky or brandy diluted with Vals or Vichy or potash-water; but these should be laid aside if

they increase the action of the bowels. A little good port wine may be tried, but as a general rule I find all wines unsuitable. Regularity in the times of administration and in the quantity of nourishment given is most essential. The greatest care should be taken not to give too much of any thing at a time, and at once to discontinue whatever appears to disagree.—*British Med. Journal.*

**Use of Pessaries.**—The Section on Obstetrics and Diseases of Women (A. M. A.) received some very practical and useful directions relative to the use of pessaries, by Dr. Paul F. Mundé, of New York. (Condensed from *Virginia Med. Monthly*):

Be sure to diagnose the nature and degree of displacement before using a pessary.

Replace the uterus. It is well to do this repeatedly, every day or twice daily, for several days before using the pessary. The objects for so doing are two: To distend and toughen the vaginal pouch (which may be done by means of a cotton tampon), and to relax the over-stretched uterine ligaments.

Never insert a pessary if there be acute or recent inflammation of the uterus or adnexa; or when pressure on the part where the pessary is to rest gives decided pain.

When the uterus is not replaceable because of adhesions which bind the fundus down, use great caution and discrimination in deciding whether the fundus is to be elevated by manual and instrumental means or gradually by use of a pessary (this applies only to retro- and latero-versions). If neither is advisable, try to induce resolution of the adhesions by local, alterative, and absorbent measures before using the pessary.

Choose an indestructible instrument. This does not apply to prolapsus uteri.

No two vaginæ are exactly alike. Choose a pessary for, and adjust it to, each particular case.

If the vaginal pouch is too shallow to receive a pessary, deepen it by daily tamponing with cotton or by the upward pressure of a Cutter or Thomas vagino-abdominal supporter previous to using the pessary.

Never leave a pessary in the vagina which puts the walls to a stretch, and which does not permit the finger to pass between it and the wall of vagina (does not apply to prolapsus uteri).

A pessary which projects from the vulva is displaced.

A well-fitting pessary is a source of comfort and gives no pain. Giving pain, it should be at once removed.

Always examine a patient on her feet after introducing a pessary to ascertain if it be competent to sustain the uterus during walking, etc.

Always tell a patient that she has a pessary in her vagina when you have put one there, or she may, unconscious of its presence, allow it to remain for years to her ultimate discomfort and danger. Always tell the patient to return within a week after the first introduction that the position and working of the pessary may be looked after. After this let her return every four to eight weeks, or the instrument, if not looked to, may cause ulceration. The patient will have to wear the pessary for months or perhaps years before recovery can be expected. Never introduce a pessary which the patient can not herself remove, and tell her to remove it whenever it causes pain and present herself at once for examination.



Vaginal injections daily should be used for cleansing purposes; if the discharge be profuse, add astringents, if sanious or purulent, let her come to you at once, as the instrument has probably caused ulceration.

On removing the instrument let the patient test the result of its use. It will take several days, or weeks, to determine the benefit obtained.

Relieve downward pressure by a proper support of the skirts; and in anterior displacements aid the internal supporter by a supra-pubic pad.

All pessaries may be introduced in the knee-chest position when it is desirable or possible to replace the uterus only in that position.

A Simms speculum elevates the perineum, air enters and expands the vagina, the pessary is introduced by touch and sight, and the patient laid over on her left side.

For aggravated retroversion and prolapsus of ovaries or uterus this has many advantages over the left semiprone decubitus. It must be remembered however that here the position of the patient is reversed, and that the pessary must be introduced accordingly.

**Trichinæ in the Holy Land.**—From St. Louis Courier of Medicine:

Biblical scholars will rejoice to find a sound scientific basis for the ancient Jewish prohibition of swine's flesh: There exist trichinæ in the Valley of Jordan! Certainly hygiene was honored and obeyed under the Mosaic laws. No one familiar with sanitary science can refrain from admiring the simple and practical regulations imposed upon Israel by its great prophet and leader. To the ignorant many of them seem arbitrary and savoring of priestly meddlesomeness, but the physician will always esteem Moses as one versed in the medical art, and his sanitary rules as in the highest degree rational and necessary. It would be an extremely interesting discovery to make, that in those early times trichinosis had been actually observed and its connection with swine's flesh noted. Possibly some mummy of Pharaoh may yet give us a papyrus setting forth in his obituary the danger of feasting upon bologna or of being too rash in attacking the savory bacon.

Dr. John Wortabet, at Beyrout, sends a letter to Prof. Virchow (appearing in the Archives, March 7, 1881) describing an epidemic of trichinosis that occurred in the neighborhood of the source of the River Jordan. A wild boar, in fine condition, was shot in that region November 25, 1880, and his flesh eaten by a number of the inhabitants of a neighboring village. Some was eaten raw, a portion only partially cooked. All these persons were infected. The boar's head was sent as a gift to a family elsewhere resident. This part was cooked three times before eaten, and although enjoyed by a number, none were affected. Those infected exhibited in the third to the fifth weeks, as chief symptoms, edema of the face and extremities, excessive muscular pain, more or less fever, and great itching over the whole body. Every movement was painful. Convalescence from the fifth week on was slow and accompanied with muscular pain, swellings, and great debility. In some cases there was decided relapse. On Dr. W——'s arrival upon the scene—January 1, 1881—most of the sick had left their beds; some few were still very unwell. There were two hundred and sixty-two persons affected—men, women, and children. Six died. A bit from the biceps of the arm exhibited a great number of

trichinæ. The disease appeared in the most cases two weeks after eating of the flesh.

The wild hog is common in the designated region, and lives, as do his less interesting kindred in other lands, in the swamps, feeding upon the roots of the papyrus and such small game as may be captured, notably the wild rat, which Dr. W—— thinks sometimes to harbor trichinæ. Trichinæ have been found, *horribile dictu*, in the wild hog of Germany; hence, as Virchow comments, it is not a matter for surprise that his biblical relation should boast of the same deadly inhabitants. Now it will be apparent that the American hog can plead notable and ancient precedent for the late unpleasantness. French and German agitators take note.

**Pilocarpin in the Treatment of Puerperal Convulsions.**—Although it would be unwise to draw conclusions from the results of treatment in a single case, I venture to send notes of a case of puerperal convulsions treated by the hypodermic injection of pilocarpin, as it may be some time before I have the opportunity of again trying this remedy in a similar case.

M. E., aged twenty-two, domestic servant, a primipara, and previously healthy, was suddenly seized with convulsions. When seen by me she was in violent general convulsions, which had continued for two hours. On examination I found her to be in the sixth or seventh month of pregnancy, the os rigid and undilatable, and the urine loaded with albumen. The convulsions continuing, and it being impossible to give any thing by the mouth, I injected hypodermically six hours from her seizure, fifteen minims of a two-per-cent solution of pilocarpin. This was followed in about two minutes by very profuse salivation and perspiration; the convulsions ceased; strong uterine contractions soon became evident. After an interval of about an hour she had seven fits in quick succession. Mr. Taylor then saw the patient with me, and with his concurrence I gave, two hours after the first, a second injection of pilocarpin. The salivation following this was so copious as to threaten suffocation; and, although the convulsions became weaker and less frequent, the breathing was so much embarrassed as to make the patient's recovery almost hopeless. Pains, however, became stronger and more frequent, the fetus being expelled ten hours after the last injection. The woman remained unconscious for two days, and then recovered rapidly.

In puerperal convulsions I have found the best treatment to be dilatation of the os uteri, with or without chloroform, and speedy delivery; but in the foregoing case, one of the worst I have ever seen, the convulsions seemed to be so much controlled by the pilocarpin that I shall certainly use it again in such cases. I may also say that I have used jaborandi with very good results in cases of Bright's disease and spasmodic asthma.—*A. Hamilton, F.R.C.S. Ed., in British Med. Journal.*

**Hooping-cough.**—This affection has been successfully treated by Dr. Baréty, of Nice, with turpentine vapor. By accident a child severely affected was allowed to sleep in a room recently painted and redolent with turpentine odor, when noticeable improvement took place. Dr. B. has since employed this drug, placed in plates and allowed to stand in the rooms occupied by hooping-cough patients. He holds that the disease is mitigated and its duration lessened by this simple expedient.—*Canada Lancet.*



# LOUISVILLE MEDICAL NEWS.

*"NEC TENUI PENNA."*

Vol. XI.

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No. 25.

J. W. HOLLAND, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M. D., . . . . . Managing Editor.

## MALPRACTICE SUITS.

From a suit for damages and all other forms of professional litigation may we and our tribe be forever free. It is to be hoped that the "prayers of the righteous availeth" in this matter, for righteousness alone is not an adequate protection from legal prosecution born of malice or speculation. More than once has a needy patient, on profits intent, repaid the surgeon's care and skill with a threat if not the actual suit for damages.

A few days ago bad luck of this kind fell to the lot of Dr. L. H. Sayre, of New York (not Dr. L. A. Sayre, that darling of fortune), and he was hauled before court charged with culpable ignorance of his profession. Not a deformity after dislocation or a shortened limb this time as a ground for action, but the alleged injurious effects of a pill for constipation, which contained one grain of *ext. nux vomica*. Instead of taking one pill in four hours, the patient took four pills in one hour, without immediate harm of any moment, and one year afterward put her case into the hands of a lawyer, and fixed her damages at twenty-five thousand dollars.

Strange to say, one doctor could be found to bear witness that her subsequent hysterical and uterine difficulties were symptomatic of strychnia-poisoning.

Judge Lawrence, in instructing the jury, held that the plaintiff should prove (1) *nuxvomica* poisoning, (2) that the prescription could cause it, and (3) that the dose was

taken as prescribed. The jury were to take note that the physician makes no contract to cure or even benefit, simply to use ordinary medical skill.

Dr. Sayre was triumphantly acquitted. The verdict was for the defendant, who received an allowance of twelve hundred and fifty dollars. It was in evidence that personal feeling actuated the plaintiff to a marked degree.

There is some little compensation to a doctor subjected to the annoyance of such a suit to know that he has the sympathy of his fellows. A wondrous kindness reaches out to him from all who feel that the sword of litigation, though not of justice, hangs over every well-to-do brother who attends a fracture or dislocation. The annals of the last quarter of a year contain quite a number of similar suits, all of which have resulted in the doctor's triumph. The bare fact that a rage of this kind may spread from the North to our own people here in the South should put the surgeon on guard. Some trifling mistake or lack of care may strip him of the savings of years of toil. Who can blame men of standing and property for declining surgical cases when they offset the meager fee with the chances of a suit for malpractice?

It is no answer to say that the courts give justice. Granted that the law, when correctly read, does treat us fairly and with kind respect; there's the bother of a suit, which has more than once driven a sensitive man from his calling. Often the beast takes the shape of an attorney, offering either to injure and harass by expensive law-



process on the one hand or to take blackmail on the other. And more than once the doctor, ignorant of the just and liberal reading of the courts, or unnerved by a horror of public scandal associated with his name, has compromised the case. To him his reputation seems like a woman's—a determined enemy can do it more harm by innuendo than fifty friends do good by the loudest praise. At best a suit implying gross ignorance of his profession has the effect upon his pride and self-feeling that one for defamation of character has on the unhappy woman who may be forced to go to law for redress. He is fortunate if he escapes actual loss of part of his dearly-won fame.

One prolific spring of these woes is the ignorance of the lawyers, who advise a client to sue upon grounds that are so trivial. If they were better read in the law of professional obligation, doctors would be spared much vexation, the client needless expense, and the attorney the mortification of a nonsuit.

To show how extravagant is the popular notion of a physician's liability, witness a case which occurred about two months ago.

A man in Philadelphia having been injured by a street-car passing over his limbs, a physician's carriage was stopped, and the physician—Dr. W. B. Atkinson, secretary of the American Medical Association—made to descend and give an opinion as to treatment. His advice was to send for an ambulance and have the case taken to a hospital. The man died a few days afterward, and the widow brought suit against Dr. Atkinson for damages for not yielding more prompt and efficient service to the patient, although no consideration had passed and no special claim for such service shown to exist. The judge ordered a nonsuit to be entered for the plaintiff, but the doctor was subjected to much loss of time and expense.

The profession that is represented in Kentucky by the governor, and that sent up to Frankfort a large medical delegation winter before last, might, by a firm and candid statement of the situation, secure more adequate

protection against spiteful and ill-advised litigants. Let the plaintiff, as surety of good faith, give bond for an amount which will cover the costs and a reasonable allowance in the event of a verdict for the defendant, and there will be fewer occasions to vindicate our skill or standing before the bar of justice.

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WHO OWNS THE LECTURE?—In a case before the courts of New York, where Professor Darling gave permission to Dr. Meyer to print some reports of his lecture, the Supreme Court held that this did not confer the right to publish in book-form. Mr. Justice Van Voorst declared that the point "that lecturers may interdict the publication of their lectures has been distinctly decided." This is considered tantamount to a decision that the lecturer, and not the hearer, owns the lecture; that a lecturer can by law restrain a report of his lecture; and that permission to print the same does not convey the right to publish.

In conformity with the decision of Lord Eldon, in the *Lancet* case, Mr. Justice McLean has decided that "lectures, oral or written, can not be published without the consent of the author, though taken down when delivered. The person taking them down has a right to their use, but he may not print them," and that "any use of such lectures which should operate injuriously to the lecturer would be a fraud upon him for which the law would give him redress."

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THE French Academy, by a vote of three to one, recommends compulsory vaccination as an urgent legal enactment. It also advises the imposition of revaccination by administrative regulations where it is possible.

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ALTHOUGH the British Medical Association declines to admit women to membership, its organ, the *British Medical Journal*, has recently published some excellent reports by Miss Clarke, M.D.



## Original.

### SLOUGHING OF THE ENTIRE SCROTAL WALLS—RECOVERY.

BY J. J. HARRIS, M.D.\*

I was called, on the 18th of last August, to see Enoch McPherson, aged about thirty years, and unmarried. I had been told there was something wrong with his "privates;" and after a thorough examination of his general condition, I proceeded to examine the much-complained-of organ, the scrotum. That I found to be almost as large as the crown of a man's hat. So great the tension and so thorough the engorgement that from almost every pore issued great drops of serum commingled with blood. Indeed the whole bedding beneath the patient was entirely besmeared with the bloody exudation. To the sight the whole organ presented a sallow hue, with occasional purple spots over its surface. To the touch it was cool, as was also the exudation. No pain in the parts, the patient only suffering from inconvenience and apprehension. The testes, so far as I could ascertain, were but slightly swollen. In other respects they were perfectly healthy. There was not the slightest tenderness over the track of the urethra, nor discharge therefrom. At the summit of the right testicle fluctuation was very perceptible. There was no fluctuation at any other point. The history of this case to me was the more signally striking when its origin could not be traced to any venereal disease; for a goodly number of the boys in that settlement had been "set up," as they called it, and had fallen a prey to hydrocele or gonorrheal epididymitis. Here is what the patient said concerning the origin of his disease:

About three weeks before I saw him a small boil made its appearance on the right side of the scrotum near the root of the penis. It gave him a great deal of discomfort, until finally it became soft, and he picked it with a pin, and a small amount of pus exuded. The orifice soon closed up and the swelling went away, but the tenderness persisted. The patient continued his usual avocation as teamster, and would frequently bruise his "tender scrotum" on the nub of the saddle, until about four or five days previous to my first visit, when he was compelled to take to his bed. Strange as it may seem, as the swelling increased and became

enormous, the pain and tenderness gradually gave way until my first admittance, and he exhibited great incredulity when I told him he had a very serious disease. The parts did not respond to pressure. Even the introduction of a probe did not cause the slightest pain. Indeed the whole organ was apparently dead. The line of demarkation had encircled the scrotum just above the summit of the testes which marked the beginning of vitality and showed the extent of sloughing that would undoubtedly take place. A low form of fever—diarrhea, anorexia, coated tongue, delirium, subsultus tendinum, etc.—was present to mark the extent to which the general system sympathized with the foregoing local disease.

My treatment was directed first to the local disease and then to the general condition of the patient. With a bistoury I made a free opening into the tunica vaginalis at the point of fluctuation, which gave exit to a considerable amount of dark blood commingled with pus. I then directed a warm linseed poultice to be kept on the parts and renewed every two hours. Opium was then given combined with subnitrate of bismuth, to check diarrhea and tranquilize the patient. The indications for supporting treatment I met by the free use of quinine, iron, whisky, and a good, nutritious diet, plenty of fresh air, etc., and retired.

On the following day (August 19th), with Dr. McNary, I visited the patient. His general condition was unchanged; diarrhea not checked; delirium, when the patient was asleep, had become low and muttering; subsultus tendinum still persistent. Indeed the vital forces of the young man, it seemed, had taken rather a downward tendency. The whole appearance of the scrotum was materially changed. A large amount of yellow water and bloody corruption had passed out leaving the organ not only very cold to the touch, but very flabby. To the sight it was of a solid slate-color. The slough at the line of demarkation had begun to separate. The testes through the thin flabby wall of the scrotum could be easily felt, and though slightly swollen they exhibited no abnormal tenderness. At the suggestion of Dr. McNary the poultice was continued, a solution of carbolic acid being added. The same remedies which had been addressed to the general condition of the patient were kept up, except that in view of the persistence of the diarrhea we thought it best to substitute acetate of lead for bismuth in the opiate.

For the sake of brevity, I will merely state

\* Read before the Southwestern Kentucky Medical Association, May 17, 1881, at Paducah.



that I visited the patient daily until August 25th without being able to observe any amelioration or improvement in relation to the symptoms pointing to the general condition of the patient. On that day (August 25th), by the assistance of a tenaculum and scalpel, I succeeded in removing the entire slough, including all the structures intervening between the superficial covering, or integument, and tunica albuginea. The tunica vaginalis reflexa and tunica vaginalis propria also being removed. The inflammation had now begun to invade the surrounding structures, mounting upon the pubic eminence, extending to a considerable distance into the groin and perineum. After cleansing the ulcer thoroughly with warm castile soapsuds, and drying with a pledget of cotton, the carbolic-acid wash and warm poultices, in connection with the same general remedies, were kept up, till the following day (August 26th), when, in company with Dr. McNary, I visited the patient again. The general condition of patient was now for the first time much better. His fever, diarrhea, delirium, and subsultus tendinum were gone, and appetite good. These alarming symptoms had disappeared as suddenly as would the shadow if the substance was removed. The denuded testes and surrounding structures presented a most fearful spectacle. The surrounding inflammation had almost subsided, the tissues beginning to assume their normal appearance. The testes were seen dangling from their cords like two wicked culprits from a gallows, the left being suspended about an half of an inch lower than the right.

Now, what was to be done? Here was a young man in the prime and vigor of his manhood, apparently with none of his reproductive powers impaired, whose testes were entirely destitute of a covering.

*Treatment.*—The testes were pressed up and held in position by first applying a dressing of lint spread with vaseline over the tender surface, and then over that adhesive strips, which served the double purpose of holding the dressing in place and drawing down the fragments of tissue in front and behind, which being swollen and edematous had their stretching capacity developed by the pressure and traction of the adhesive plaster. This, supplemented by the process of granulation, completed the work, and the young man rejoices that he has got not only good a pair of stones but as good a covering for them as he ever had.

DULANEY, KY.

## OPERATION FOR HERNIA RESULTING IN AN ARTIFICIAL ANUS, FINALLY HEALING AND COMPLETING THE CURE.

BY J. F. STONE, M.D.\*

On September 28, 1878, I was called to see Hannah R., aged fifty-six, unmarried. I found her suffering with strangulated inguinal hernia on the right side. I learned from the patient that she had been afflicted with hernia from childhood. The intestine had oftentimes come down, but she had always been able to reduce it, till the 24th of said month, when while washing she felt the gut come down. She at once lay down and tried to reduce it, as she had formerly done. Failing in all means at her command for the number of hours above mentioned, when I was called in. I found her vomiting incessantly, pain intense, pulse feeble, and the patient failing fast. I anesthetized her and proceeded to try and reduce the hernia by manipulation. Failing in this, I sent for Dr. E. B. Curd for help. On his arrival we proceeded to operate. Patient stood the operation well, and we left her doing finely.

I saw her September 29th. Temperature normal, tongue moist, appetite good.

September 30th: Temperature 99.5°, the tongue a little dry, appetite not so good.

October 2d: Temperature 100°, tongue dry, skin hot, patient restless. Had given her previously sulph. magnesia as a purgative. Today gave two grains calomel every two hours for ten hours; also five grains of quinine and one eighth grain of morphia every three hours.

October 3d: Temperature 99.5°, the skin moist; ate a little. Continued treatment.

October 5th: The sutures had sloughed and come away, leaving a ghastly wound, with the appendix ceci protruding therefrom. I dressed the wound with carbolized elm-bark sinapism, and directed her to use alcoholic stimulants freely. I found that the vermiform appendix had sloughed and come away, and fecal matter was passing in quantities through the opening.

After this date healthy granulations were thrown out and the patient did well. The wound healed completely in thirty-six hours from date, except an aperture about a fourth of an inch in diameter, through which fecal matter passed, until September, 1880, when I treated her for pneumonitis, during which the old aperture became irritated and threw out granulations, resulting in a radical cure.

SHILOH, KY.

\* Read before the Southwestern Kentucky Medical Society.



## LABIAL HEMATOCELE.

BY W. M. FUQUA, M.D.

This comparatively rare complication of labor is sometimes the source of much embarrassment, and I think it worth while to report the following case, the only one that has ever come under my observation during a professional life of twenty or more years. I have been told by several physicians of large and long experience they had never seen a case, and know nothing of it either in theory or practice:

I was called to see Mrs. W. P. W., a primipara. Found the os uteri well dilated, the bag of waters protruding, which was at once ruptured. The labor progressed rapidly, and the fetal head had descended well down toward the perineum. The contractions were good and of sufficient duration, when suddenly she cried out in great agony, throwing herself almost out of the bed, and without any self-control. She now indicated the site of pain, and at once I recognized the nature of the trouble. For a short time there was an entire suspension of all uterine contraction, but by giving ergot liberally with some brandy the pains soon came on, and the child was delivered safely.

An hour after delivery, when the placenta had been removed, the patient having been given half a grain of morphia, I made an incision one and a half inches in length and nearly half an inch deep along the margin of the labia, and turned out clots which were quite as large in the aggregate as a fetal head. The hemorrhage was quite profuse, and a sponge saturated with persulphate of iron was crowded into this cavity, and allowed to remain for twenty-four hours. On its removal there was no bleeding. Both the vagina and the post-labial cavity were injected twice daily with a ten-per-cent solution of carbolic acid.

The patient made a good recovery, showing no sign of blood-poisoning, and has since then again been delivered of a living child in a natural labor without any complication.

HOPKINSVILLE, KY.

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In the examination of candidates for the position of interne to the Cook County Hospital, at Chicago, the best record was made by Mary E. Bates, M.D. After permitting her to enter the lists, and subjecting her to the sore trial of competition, the commissioners have illogically and unjustly refused her the reward they held out.

## Correspondence.

## MATERNAL IMPRESSIONS.

*Editors Louisville Medical News:*

Last year I noticed an article in the NEWS, also one in the April 9th number of this year, relative to impressions made upon the fetus *in utero*. I had a very remarkable case in 1875. The parents were Germans, physically perfect, and no deformity existed in either of their families. They had been married several years without offspring. Their brother and sister, to tease them, on Christmas morning entered their room with the salutation "Christmas gift," at the same time slipping into bed with them a toy made and painted to represent a negro baby. Time and the heat of the previous summer had cracked the paint, making fissures through it all over the face, body, and limbs. The eyes and mouth were represented by a touch of the brush containing red paint; and the hands and fingers, feet and toes were very imperfectly formed.

When the woman found this hideous object in her bed it frightened her. It was soon laughed off as an excellent Christmas joke, and nothing more thought of it for eight months after, when, to the horror of every one who saw the new-born babe, the recollection of the unfortunate joke was recalled. There lay the hideous child as near a *fac simile* of the negro toy baby as it could possibly be. Fortunately it lived but a few hours.

This occurred in Fayette County, Texas. I moved the following year, therefore can not tell whether any impressions were made on any of her subsequent conceptions. It was her first child, and, fearing the sight of it might so horrify her as to produce some bad result, I ordered it buried without her seeing it.

Dr. R. F. Michel, of Montgomery, Ala., can give you the history of a very interesting case of a fetus born of a young mulatto woman who was frightened by a cat during the early months of pregnancy. When she was delivered it was acephalous. The doctor has it preserved among his collections.

GEO. W. McDADE, M.D.

MATHEWS STATION, MONTGOMERY CO., ALA.

*Editors Louisville Medical News:*

The following notice was clipped from the Ft. Griffin (Texas) Echo of a late date.



Is it any wonder that quacks and imposters thrive when thus invited and encouraged by such ignorance and superstition?

GEO. S. SYKES, M.D.

COLEMAN, TEXAS, May 26, 1881.

TO THE PUBLIC.—I desire the address of some reputable Faith Doctor, who can cure cancer. I have a baby boy three months old with a soft cancer on ear and cheek from birth. Being so young he is unable to undergo medical treatment, so cure of my baby is dependent upon other than medical science, as he can not survive long such affliction. The address of some Faith Doctor who is known to possess virtue will enable my wife and self perhaps to get timely relief for our only baby. The press of the State will confer a lasting favor on a bereaved family by copying this card. Address Wiley W. Sammons, editor Western Sun, Albany, Texas.

## Medical Societies.

### TENNESSEE STATE MEDICAL SOCIETY.

#### ADJOURNED MEETING.

The Tennessee Medical Society met in the Hall of the House of Representatives, Nashville, Thursday, May 10th, at 11 A.M., Dr. B. B. Lenoir, president, in the chair, and A. Morrison secretary.

The officers elected for the ensuing year were:

*President*—Dr. G. B. Thornton, Memphis.

*First Vice-president*—Dr. W. F. Glenn, Nashville.

*Vice-president from E. Tennessee*—Dr. S. B. Boyd, Knoxville.

*Vice-president from West Tennessee*—Dr. T. K. Powell.

*Secretary*—Dr. A. Morrison.

*Recording Secretary*—Dr. C. C. Fite.

*Treasurer*—Dr. V. S. Lindsley.

The next place of meeting will be Memphis; the time, the second Tuesday in May, 1882.

### MEDICAL ASSOCIATION OF GEORGIA.

The Thirty-second Annual Session of the Medical Association of Georgia was held in Thomasville on April 20 and 21, 1881. The following are the officers for the ensuing year:

*President*—Dr. Wm. F. Holt, Macon.

*First Vice-president*—Dr. Eugene Foster, Augusta.

*Second Vice-president*—Dr. T. M. McIntosh, of Thomasville.

*Secretary*—Dr. A. Sibley Campbell, Augusta.

*Treasurer*—Dr. K. P. Moore, Forsyth.

The next session will be held in Atlanta on the third Wednesday in April (19th), 1882.

PILOCARPIN in diphtheria has been found, after a full trial, as "generally wholly useless, often decidedly injurious," by Dr. J. Schmid, in *Wiener Presse*.

[What a pity! We hoped it would cure every known disease.]

## Books and Pamphlets.

RELATION OF THE MARINE HOSPITAL SERVICE OF THE UNITED STATES TO COMMERCE, THE PUBLIC, AND THE MEDICAL PROFESSION. Being a Report of the Committee of the Medical Society of California, showing the character, objects, and inutility of such service. San Francisco: Frank Eastman & Co.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By William A. Hammond, M.D., Surgeon-general U. S. A., retired; Professor of Diseases of the Mind and Nervous System in the University of New York; etc. With one hundred and twelve illustrations. Seventh edition, rewritten, enlarged, and improved. New York: D. Appleton & Co. 1881.

CARPENTRY AND BUILDING. A monthly journal, published by David Williams, 83 Reade Street, New York. Price, \$1 per year.

Every one who is about to build or repair a house or barn will find matter of interest and value in *Carpenry and Building*. Almost every issue contains a full set of house-plans of a character adapted to use under the superintendence of an intelligent carpenter.

PUBLISHER'S ANNOUNCEMENT OF A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL. In treatises by various authors. Edited by Timothy Holmes, M.A., Surgeon and Lecturer on Surgery, St. George's Hospital, London. American edition, thoroughly revised and rewritten, by John H. Packard, M.D., Surgeon to the Episcopal and to St. Joseph's Hospitals, Philadelphia, assisted by a large corps of the most eminent American surgeons. In three large and very handsome and imperial octavo volumes of about one thousand pages each, with over one thousand illustrations on wood and thirteen lithographic plates, beautifully colored. Per volume, cloth, \$6; leather, \$7.

To accomplish this great work the aid has been invited of the most distinguished gentlemen in every part of the country, and for more than a year they have been assiduously engaged upon the task. Although the original work presents the combined labor of the most eminent members of all the most prominent schools of England, yet the lapse of time since the appearance of the last edition, the progress of science, and the peculiarities of American practice have rendered necessary a most careful, thorough, and searching revision. Each article has been placed in the hands of a gentleman specially competent to treat its subject, and no labor has been spared to bring each one up to the foremost level of the times and to adapt it thoroughly to the practice of the country. The same revision has been pursued throughout, leading to an increase of over one fifth in matter, while the series of illustrations has been more than doubled, and the whole is presented as a complete exponent of British and American Surgery adapted to the daily needs of the working practitioner. The five volumes of the original have been compressed into three by employing a double-columned imperial octavo page.



## Formulary.

### SALICYLIC ACID IN SMALLPOX.

Dr. Boyer, in the Medical Bulletin, calls attention to the following, which he has employed in smallpox with encouraging results:

R Acid. salicylic..... 3j; 4.00 Gm.;  
Spts. vin. rectificati..... 3 ss; 16.00 fl.Gm.;  
Mix and add  
Elix. simplici, q. s. to..... 3 vj; 180.00 "

For the angina of variola he employs with the above a gargle of xylol prepared as follows:

Xylol..... 3j; 4.00 fl.Gm.;  
Gum acacia..... 3 ij; 8.00 "  
Aq. menth. pip..... 3 vj; 180.00 "

M. ft. emul. S. Use as a gargle and mouth-wash.

It is claimed that salicylic acid has a sedative effect in smallpox, reducing the temperature and modifying the eruption.

### FOR VENEREAL WARTS.

The Canada Medical Record advises the use of equal parts of burnt alum and tannin. This applied twice daily will remove them in three or four days.

### LACTIC ACID IN CHRONIC CYSTITIS.

Dr. Diecke (*Revue de Thérap.*; Am. Med. Jour.) gives lactic acid the highest place among the remedies employed in the treatment of chronic catarrh of the bladder. Formula:

Acid lactic..... ℥ xv-xxx; 1.00-2.00 fl.Gm.;  
Sweetened water... q. s.

Dissolve and take this amount three times daily. A bitter infusion or buttermilk may replace the sweetened water.

Lactic acid is readily excreted by the kidneys, and passing into the bladder arrests ammoniacal decomposition, holds the phosphates in solution, and destroys the micro-organisms which germinate there.

[Dr. Diecke's recommendation of buttermilk as a menstruum for the lactic acid suggests the thought that since the sour principle of buttermilk is lactic acid, chronic cystitis might, under favorable conditions, be treated with copious draughts of buttermilk alone. We hope that some of our friends in districts where the remedy abounds will give it a trial and report results.]

### FOR ACUTE INFLAMMATION OF KNEE-JOINT.

In the treatment of this affection Dr. J. H. Warren recommends:

R Pulv. ip. et opii..... gr. xxx; 2.00 Gm.;  
Quiniæ bisulph..... gr. xx; 1.33 "  
Morphiæ sulph..... gr. j; 0.06 "

M. and div. in ten powders. S. One every three or four hours.

He paints the inflamed parts with the following:

Tinct. iodine..... 3j; 32.00 Gm.;  
Ether sulphuric..... 3 iij; 96.00 "  
Tinct. aconiti..... 3 ss; 2.00 "  
Belladonna ext. fld..... 3 iv; 16.00 "  
Morphiæ sulph..... gr. ij; 0.12 "  
Iodini..... 3 jss; 6.00 "

M. Sig. Apply freely over all the inflamed part by painting on five or six coats, so that the tissues shall have a bronzed appearance.—*Medical Bulletin.*

## Pharmaceutical.

SNOWDEN'S BINAURAL STETHOSCOPE is a happy union of simple devices for avoiding friction sounds in apparatus, for excluding extraneous noises, and for conveying through adaptable and pliant tubes the râles and murmurs we listen for. Price, \$3.

THE season of the year is now upon us when the children begin to suffer from indigestion and cholera infantum. Light clothing and fresh air will do much toward allaying the irritable condition of the nervous system, regulated diet will help still more, while such aids to digestion as *lactopeptin* may be resorted to for lessening the task imposed on stomach and bowels. By such gentle and natural means good digestion may be coaxed back—surely a better treatment than the routine of opiates and astringents.

## Miscellany.

TUPELO TENTS FOR DILATING THE UTERUS. The Med. Times and Gazette calls attention to a new kind of tent recommended by Dr. Leopold Landau. They are called tupelo-tents, and are made from the root and stem of the *Nyssa aquatica*. It is claimed that they expand more uniformly and to a greater degree than sea-tangle or sponge tents; that in expanding they produce the same softening and infiltration of tissue as do other tents; that they have little or no tendency to produce septic infection; that when a tent has been introduced it may be removed in three or four hours, when it will have expanded enough to make room for a larger one; and that thus the cavity of the uterus may be made accessible to the finger within twenty-four hours. Dr. L. has used these tents for two years in his practice without having to record any unfavorable results.

A NEW COUNTERBLAST AGAINST TOBACCO. Dr. Le Bon has made public some of the further results of his researches on the subject of tobacco-smoke. He finds that collidine, the new alkaloid obtained from tobacco-smoke (with other aromatic principles, and prussic acid, as well as nicotine) is a liquid of agreeable and extremely penetrating odor and as poisonous as nicotine, the twentieth part of one drop sufficing to paralyze and kill a frog. It is the prussic acid



and various aromatic principles, he considers, that cause headache, giddiness, and nausea in smoking certain tobaccos that contain little nicotine. Other tobaccos, rich in nicotine, have no such effects. The tobaccos containing most prussic acid and collidine are those of Havana and the Levant. The dark semi-liquid matter which condenses in pipes and cigar-holders contains all the substances just named, as well as carbonate of ammonia, coloring matter, etc. It is very poisonous; two or three drops of it are sufficient to kill a small animal. The combustion of tobacco destroys but a small part of the nicotine, and most of this appears in the smoke. The proportion absorbed by smokers varies according to circumstances, but hardly ever falls below fifty centigrams per hundred grams of tobacco burnt. About the same quantity of ammonia is absorbed at the same time. Naturally, more of the poisonous principles are absorbed where the smoke is breathed (as in a room); less in the open air. A frog placed in a receiver containing a solution of nicotine, with about one drop of that substance in a little water, succumbs in a few hours. Tobacco-smoke contains about eight millimeters of carbonic oxide per hundred grams of tobacco burnt. The poisonous properties of tobacco-smoke are not due to this gas, as has been maintained in Germany.—*Med. Times and Gazette*.

DR. C. W. CHANCELLOR, secretary of the Maryland Board of Health, has entered on a round of visits to the different counties of the State, addressing popular audiences upon sanitary subjects, circulating sanitary tracts upon malaria, sewerage, vital registration, and organizing local boards for general coöperation. A live secretary has it in his power to do a great work in this way. If our brethren should by the remotest chance encounter such an one preaching a sanitary crusade against dirt and disease in the manner adopted by Dr. Chancellor, we feel sure they would, for the sake of his cause, lend him a helping hand.

COLOCYNTH FOR FLATULENT COLIC.—Dr. Lowry, of Shelbyville, Ky., has found tincture of colocynth, in doses of one drop every ten minutes for an hour, and hourly afterward, a prompt remedy for colic. It causes rapid expulsion of flatus and other contents of the bowel. This was first recommended by Hahnemann, and is another proof that he had some germs of wholesome truth at the root of his homeopathic fungus.

CHLORATE OF POTASSIUM AS A POISON.—Dr. Bagniski has found that potassium chlorate, when given in considerable quantities to children who are the subjects of diphtheria, has produced toxic effects in his hands. His theory of the *modus operandi* of the drug is that, yielding its oxygen freely to the blood, the hemoglobin is thereby converted into methal-moglobin. This altered blood leads to degenerative processes in the kidney, and albumen and tube-casts appear in the urine.

ELECTRICITY IN SCIATICA.—According to Dr. Rockwell (New York Med. Record), in cases of sciatica where pressure proves painful, mild continuous currents are most effective; while in those conditions in which firm pressure over the affected part causes no pain and often relieves, the faradic current is indicated. He recently cured a case of obstinate sciatica by shocks or interruptions in a current from forty cups, and recommends that method when the continuous galvanic and faradic have failed.

BODECKER'S TEST FOR ALBUMEN IN THE URINE.—Treat the urine with acetic acid in excess, and add a few drops of a solution of ferrocyanide of potassium. Warm the mixture, and if albumen be present even in the smallest quantity, a turbidity is at once produced. Upon standing for a short time the precipitate becomes flocculent.—*Med. Press and Circular*.

THE COCA LEAF.—An excellent authority, Mr. Clement Markham, has recently written a book on Peruvian Barks, in which he also mentions the coca plant. He observed that the yield of coca in South America is estimated at thirty millions of pounds. Coca soon deteriorates in keeping, and Indians treat it as valueless if kept longer than seven months, which may explain its slight effect with us.

Such is the faith in coca that it is believed if a dying man can but taste a coca leaf when placed on his tongue his future bliss is assured. No Indian is without his *cuspa* or coca-bag, made of llama cloth; and three times a day, sitting down, he takes leaf by leaf and rolls them up in his mouth till he forms a ball. Then applying a small quantity of powder, consisting of carbonate of potash, made by burning the stalks of the quinoa plant, mixed with lime and water, he goes on his way rejoicing.

Mr. Markham chewed coca leaf very fre-



quently, and states that he found it to produce an agreeable, soothing feeling; that he could endure longer abstinence from food with less inconvenience, and that when using it he could ascend precipitous mountain-sides with a feeling of lightness and elasticity and without losing breath. He also considers it the least injurious of all other like substances, even when taken in excess, and at the same time the most soothing and invigorating.—*Med. and Surg. Reporter.*

THE total number of names in the medical registry of the county of New York is about twenty-four hundred. More than half, or about twelve hundred and sixty, are without diplomas or affinity to any medical system. Here is abundant material for the weeding-out process of the recent law.

ANOTHER VICTIM TO VANITY.—A fashionable young lady of Rochester, N. Y., died recently of lead-poisoning by the use of cosmetics. The newspapers comment upon her fortitude during years of suffering, and, odd enough, her physician denounces them for giving publicity to the case.

## Selections.

**Skin-grafting.**—Chas. W. McCarthy, L.R.C.S.I., etc. (Medical Press and Circular), thus describes his method of skin-grafting:

Given a case where skin-grafting is desirable, the first and most essential condition to insure success is a healthy state of the granulations. I have attempted the process in one or two instances where the granulations were not quite healthy, but can not say I have been rewarded with even partial success. One was the case of an old lady with an irritable ulcer on the leg. Other methods of cure were previously tried without avail, so I determined to put on a few skin-grafts. I placed half a dozen in position, but was not satisfied that any of them grew. The ulcer, however, cicatrized soon after. Whether one or more of the grafts unknown to me may have carried on abortive growth at the margin of the sore, and thus exerted a favorable influence through contact or impression, producing healthy action and exciting cicatrization in the marginal cuticle, I am not prepared to say. I am persuaded by experience there is little use, if any, in transplanting skin on granulations that are not perfectly healthy. Suitable treatment, constitutional and local, to secure this important condition will suggest itself in individual cases. Bearing in mind that *excessive* action in the process of repair is injurious, I believe the best results in skin-grafting—all other things being favorable—are to be achieved in the maximum of local stimulation, at a point in fact when any further stimulation would be excessive. I find ruddy, ripe granulations on an even surface, and discharging healthy pus, the most favorable conditions.

To procure grafts I generally select the anterior aspect of the forearm, where I find there is least pain, and usually proceed according to directions given so concisely by Mr. Bryant, of Guy's Hospital, in his admirable work on surgery. Instead, however, of using the instrument he recommends, I catch directly and nip off, with an ordinary curved scissors, a small oblong piece of skin, about a quarter of an inch long, taking care not to cut too deeply into the cutis versa, a very thin layer of which will suffice. If done dexterously, including only the cuticle with the *rete mucosum* and the mere apices of the papillæ, the pain is very trifling. There is no bleeding, and the patch heals without any treatment. On my thumb-nail, as recommended by Mr. Bryant, I divide this piece into about four parts, taking care not to bruise or otherwise injure the grafts. They usually curl up, and I catch each gently by its outer surface on the point of a tenaculum-needle, to which it adheres almost without pressure as if by attraction. The sore having been washed previously with carbolyzed water, I lay the raw side of the graft on a good ruddy granulation, to the convex surface of which it will immediately adhere if *lightly* taken on the tenaculum. The curled graft at first does not lie evenly, but by a little gentle continuous pressure with the curve of the tenaculum it quickly absorbs moisture from the granulation, loses its shriveled appearance, unfolds itself, appears to get larger and fuller, and in a few seconds lies evenly on its new bed. Bleeding the granulations, as formerly practiced, is not necessary; indeed I believe it rather tends to mar the success of the operation. The other grafts should be placed with similar care, one inch apart, according to Mr. Bryant. I generally, however, place them half an inch apart, and about the same distance from the margin of the sore, covering with successive rows of grafts the entire surface, unless it be exceptionally large, in which case I leave the center free, as the grafts here will not take so readily. I believe it to be an advantage to place a sufficiently large number at one operation. It generally obviates the necessity for a repetition; and, if such can be avoided, it is better not to subject the patient a second time to even the trifling pain experienced. With due care it is quite as easy to get a large number to take as a few, especially if the grafts be placed in wide sores chiefly around the margin. The more numerous these "centers of cutification," the greater will be their effect in exciting cicatrization at the margin (a power which any ordinary observer must admit they undoubtedly possess), and the more quickly will they unite and cover in the sore by proliferation of their own cells.

The grafts having been placed, it is of the utmost importance to keep them undisturbed *in situ*. I follow, with some modification, Mr. Bryant's plan, covering the sore carefully with a piece of fine guttapercha tissue, previously rubbed with carbolic oil, placing over this a small pad of French wool to secure equal pressure, the whole being lightly strapped with adhesive plaster and bandaged. On the third day I expose and wash the surface very carefully with tepid, carbolyzed water. Other methods, such as keeping the grafts *in situ* by means of threads strained across them, are not perhaps quite as practicable. Some surgeons object to the use of guttapercha tissue, owing to its non-absorbent nature. It has done sufficiently well in my hands. Those who object to it might try very thin gauze, or, better still, some fine white gossamer lubricated with a weak solution of carbolic acid in oil, with or without glycerin, placing over it a light



pad of that useful material known as "absorbent" cotton wool, and carefully, but not too lightly, strapping and bandaging.

Generally speaking, if the granulating surface be in a fit state to receive skin-grafts, if due attention be given to neatness and delicacy of manipulation, and the grafts be not subsequently disturbed from their position, there is no reason why each and every one of them should not grow. Failure is only to be ascribed to clumsiness or some neglect in the particulars mentioned.

**The Reality of Hypnotic Phenomena.**—From the Popular Science Monthly:

The Lancet publishes an article of Dr. Charles Richet considering the reality of the phenomena of hypnotism. It is impossible to fix upon a decisive test in this matter. We know that a fact is scientifically certain when the phenomenon, which is the evidence of it, can be reproduced at will by all persons who will use the same processes, as in the case of any chemical or physical manipulation. The phenomena of hypnotism are uncertain, intangible, and variable; different persons, even though employing identical processes, are liable to obtain very different results. The only absolute sign possible is one's own experience, and that is applicable only to himself. There are, however, certain arguments which bear upon the case with almost, if not quite, the force of a demonstration.

1. It is absurd to suppose that all hypnotized persons have simulated sleep. Friends in whom we have absolute confidence may be among them; it is not possible to believe that they have conspired all at once to deceive us.

2. A close agreement has prevailed among certain of the phenomena of the manifestations for sixty years. "That would be a very strange simulation to be reproduced so frequently in so long a time with the same appearances—closed eyelids, fibrillar movements in the muscles of the face, hallucinations of vision and hearing, catalepsy, contracture"—and this among persons strangers to each other and who may be wholly ignorant of hypnotism.

3. Many of the phenomena can not be simulated without a profound knowledge of anatomy and physiology, which hardly any hypnotics possess. When the nerves of the hypnotized person are pressed the muscles supplied by them contract. Who among them knows what muscles should act under the influence of a particular nerve? Yet no mistake is made. "With somnambulists one can by direct incitation cause contraction of the muscles (rudimentary in man) moving the auricle of the ear. Now this contraction is impossible in the individual when awake." With a certain hysteric, who came under Dr. Richet's observation, "by opening the right eye aphasia was produced; while by opening the left eye no such effect was obtained. Certainly if this be simulation one must assume that the patient knows that speech is affected by the left cerebral hemisphere, and that the retina of the right eye is in relation with this hemisphere, while the right hemisphere is of no use for speech."

The hysterical contractures afford equally convincing evidence. "There is no individual strong enough to preserve voluntarily the contraction of a muscle during a quarter of an hour without one perceiving in it the slightest tendency to weakness or relaxation. Now somnambulists maintain their contractures for many hours, and on waking they have no recollection

of, no fatigue from, this prolonged and improbable effort." Again insensibility may be feigned; "but how many persons are there who would have the courage to bear, without serious reason, pricks in the face, on the nostrils, or hands; to allow their hair to be plucked out, and the conjunctiva, the nose, and the ears to be tickled; to have pins thrust into the arms; to drink nauseous liquids; to breathe with delight ammonia or sulphurous acid?" Somnambulists oppose no resistance to tests like these. "Must we suppose that they exhibit heroism (and a very misplaced heroism), or anesthesia?"

**Pilocarpin in Uremia after Scarlatina.**—In *La France Médicale* Dr. Mook relates a case in which hypodermic injection of pilocarpin was successfully employed in albuminuria and uremic poisoning following scarlatina. The patient, aged eleven, had had an attack of scarlatina, and when Dr. Mook saw her she was suffering from consecutive albuminuria. The next day (August 2d) she complained of headache and nausea, no vomiting, and the amount of albumen was increased. In the course of the day the child vomited and complained of dimness of sight; she answered vaguely; the pupils dilated. She had only passed since morning a few drops of reddish urine. Ordered adraught with four grams (one dram) of infusion of jaborandi-leaves. Dr. Mook was called again between two and three the next morning, and found the child absolutely unconscious, hearing nothing, seeing nothing; breathing stertorous; no perspiration. He then injected hypodermically in the hypogastric region three milligrams ( $\frac{1}{8}$  grain) of hydrochlorate of pilocarpin. In five minutes the child began to expectorate saliva abundantly; the skin became warm and covered with sweat. On seeing the patient again, eight hours later, Dr. M. was told that the linen had been changed twice, being soaked. The patient had slept; the breathing was more quiet; the patient understood what was said, but could see nothing. From this time, however, under digitalis, blisters, etc., the child improved; the sight returned, albumen diminished, the amount of urine increased, and on August 18th was well. It is worthy of note in this case that while jaborandi had no effect, the efficacy of pilocarpin was immediately evident.—*Med. Press and Circular*.

**The Modern Method of Bed-making responsible for some Forms of Backache.**—James Turle, M.D., in *British Med. Journal*:

Let any one, on an ordinarily cool night, *when warm* in a bed in which he has not been tucked up after getting in, place his hand (still under the bed-clothes) at that part of the edge of the bed which is on a level with the small of his back. He will feel a very cold current of air rushing in to supply the place of that which is being expelled more gently upward (relatively to the head) by the warmth of his body. Children and young people frequently lie two in a bed; and as they almost invariably lie on their sides, and generally with their faces toward each other, for antedormial conversational purposes, the back is often near enough to the edge of the bed for the cold air-current to chill the lumbar muscles, and so to produce in them that temporary rheumatic stiffness and pain in the morning. . . .

That the modern system of bed-making (and the disuse of such contrivances as the old-fashioned sliding-boards with which our grandmothers pressed



down the edges of the bed-clothes) is a very frequent cause—if not, as I believe, by far the most frequent cause—of “backache,” can be proved by the certainty with which protection of the back from cold during the night prevents the recurrence of any trace of the pain. Such protection is best afforded, I think, by a pillow or bolster laid longitudinally at a little distance from the sleeper, between him and the edge of the bed. A “protector” of washleather lined with several layers of flannel, or a small pillow, as Mr. Square suggests, and many other kinds of devices, will no doubt be equally effective in guarding the back from the cold air. All that is necessary—and, as I consider, extremely important—is the diffusion of a knowledge of the fact that in the usual way in which English people are now in the habit of lying in their beds at night, a current of cool air flows with more or less velocity between the edges of their beds and that part of the covering-clothes which they have “untucked” in the act of getting in.

It seems to me to be highly probable that this current of cold air may be responsible, not only for the slight rheumatic pains now more particularly referred to, but also for many cases of severe lumbago, and even for some forms of acute and chronic nephritis leading to the gravest results. In any case it must be clear that though a regular replacement of the air round any person in bed is of course essentially necessary for health, that replacement should not be kept up by a current which impinges upon any one part of the body, especially so important a part as the lumbar region; further, that this air-current should be particularly guarded against in the case of persons who are weakly, and on that account both more liable to chill, and more likely to “sleep warm,” thereby increasing the velocity of the cold draught. Coldness of the feet, and its results, insomnia and cephalalgia, are also frequently dependent on the clothes not being properly turned under at the foot of the bed.

**Hydrastis.**—The *Hydrastis canadensis*, or golden seal, is a somewhat rare native of the rich and shady woods of North America. The rhizome, with its adherent rootlets, is the part which has been used in medicine since the time of the discovery of America. The tincture is the preparation commonly employed in doses of one half to one dram, or more. Hydrastis is a stomachic tonic, and is often used in the treatment of atonic dyspepsia. It is one of the best remedies for the gastric catarrh of chronic alcoholism, and probably the best substitute for alcoholic stimulants when their use has been abandoned. For habitual constipation, depending upon inaction of the liver, it is undoubtedly a valuable remedy. The tincture should be given in half-dram doses in an ounce of water four times a day. It makes a nasty, unsightly mixture, but it is efficacious. For piles, both external and internal, it is most useful; and it is of especial value in bleeding piles, or where there is a discharge of mucus or muco-purulent matter from the rectum. In addition to the internal administration of the tincture, a weak infusion of the root may be injected into the bowel night and morning, or may be applied externally on lint. In prolapse of the rectum in children, in fissure of the anus, and in ulceration of the rectal mucous membrane it is highly praised. In gonorrhoea it is a most useful remedy. Bartholow recommends a dram of hydrastia (the alkaloid) to four ounces of mucilage of acacia, and has found no injection so uniformly successful. Phillips prefers an injection made by adding one or two drams of the

tincture to a pint of water, and of this orders a syringe to be injected up the urethra every half hour for seven or eight hours, and then every six or eight hours for two or three days. In cracks and fissures of the nipple hydrastis is strongly recommended, and it is said to be a good application in stomatitis, otorrhea, ozena, conjunctivitis, leucorrhoea, and in other chronic inflammations of the mucous membranes. It was formerly used by the Cherokees as a remedy for cancer, but there is no evidence to show that it exerts any influence over this disease. Phillips says that, although glandular swellings frequently yield to its action, he has never perceived any advantages to result from its employment in true malignant disease. When, however, the general system is debilitated this medicine operates in a remarkably efficacious manner, its action being not unlike that of quinine. The resin of hydrastis may be given in all cases where there is inaction of the liver. One or two pills, each of three grains, may be administered every night at bedtime, or one may be taken three times a day. It should be borne in mind that, although this substance acts powerfully on the liver, it has little if any action on the intestine, and it is consequently desirable to give a mild purgative to carry off the increased bile secretion. The pills, if taken at bedtime, should be followed in the morning by a teaspoonful or more of effervescing sulphate of soda in half a tumblerful of lukewarm water.—*British Med. Journal*.

**On the Hygienic Treatment of Biliary Calculi.**—Professor Bouchardat, who is the leading authority in France on medical dietetics, recommends (*Bull. de Thér.*) for the treatment of biliary calculi that the patient should abstain from bread, cereals, eggs, and nitrogenous food in excess; sorrel tomatoes, strong liquors, shellfish, and cheese; that he should eat ordinary vegetables, preferring those rich in potash to those which are rich in soda. He should also employ an indirect alkaline treatment in the form of malates and citrates, as they are contained in fruits, and drink light, red wine diluted with water. He should keep the bowels free by taking every morning a teaspoonful of tartrate of potash and soda, and sulphate of soda in equal parts. He should take moderate exercise. The action of the skin should be stimulated by washing, frequent friction, and shampooing by the hand moistened with a few drops of perfumed oil. Every week from one to three baths should be taken, followed by lengthened friction and shampooing. . . . To prevent the formation of calculi, the patient should take for ten days, night and morning, before each repast, a pill containing one decigram (a grain and a half) of tartrate of potash and lithia; for ten subsequent days he should take full doses of acetate of potash with a light aperient night and morning; for ten subsequent days, every day a pint and a half of water containing tartrate of potash and soda.—*London Medical Record*.

**A Nutrient Suppository for Artificial Feeding.**—At my suggestion Mr. F. Slinger, F.C.S., has manufactured a “nutrient suppository,” which will, I think, in certain cases be found a convenient substitute for nutrient enemata. It consists of nearly pure peptone, made by digesting lean meat in the ordinary way with the mucous membrane of a pig’s stomach. By means of these suppositories it is possible to keep a patient alive for some time without much inconvenience or trouble. Every one who has had much experience of the class of cases where rectal feeding is



necessary must have noticed what a very small amount of nourishment will "keep body and soul together." Some time ago I narrated a case at the York Medical Society where every particle of food and drink was vomited for over four months, even a teaspoonful of water being invariably rejected. In this case, which I diagnosed as an instance of gastric ulcer, I adopted the plan of inserting suppositories of Liebig's extract, with a little morphia to relieve pain. My friend Dr. Anderson has narrated a similar case. The "nutrient suppository" which Mr. Slinger has made would of course be a great improvement on the impromptu method used in this case, and it would be comparatively easy to give a patient two ounces of protein matter daily by means of this contrivance. I need not enumerate the many circumstances under which the use of this plan of feeding would be indicated.—*H. E. Spencer, L.R.C.P. Ed., in British Med. Jour.*

**An Exhilarating Mixture.**—Professor Luton, of Rheims, relates (*Bulletin de Thérapeutique*) that having administered to a patient a mixture of tincture of ergot and of phosphate of soda, he was greatly surprised to find it after a while produce the most exhilarating effects, exciting loquacity and irresistible laughter, which lasted for several hours, and much resembled the slight intoxication produced by light wines and champagne. The mixture was tried on some other persons, always with the same effects, these being producible, however, only in women, especially those of a nervous temperament. Men resist its effects, probably requiring, as the author supposes, stronger doses in consequence of their being more accustomed to alcohol. The formula employed in the production of these curious effects was for a medium dose, in a person sufficiently excitable, as follows: Tincture of ergot, five grams, and solution of phosphate of soda (at one tenth), fifteen grams. This is poured into a little sugared water, and taken fasting. As a therapeutical agent, Prof. Luton suggests that it might prove useful in some cases of hypochondriasis and in the algidity of hysterical subjects and those who are very liable to spasm. The algidity of the early stage of fever or cholera might also be favorably influenced. So also in various cases of anemia and adynamia, the mixture, in reduced doses, so as not to excite excessive hilarity, might prove useful.—*Med. Times and Gazette.*

**Apocynum Cannabinum and Anasarca.**—Bright's disease is becoming the fashionable disease to study, more especially since Charcot, who sets the fashion for many physicians in the United States, has been paying much attention to it. These studies have been chiefly pathological and symptomatological. However, many independent observers have dealt with it from the therapeutical aspect, and Dr. J. S. Dabney (New Orleans Medical Journal) has found, he claims, that apocynum cannabinum is one of the best diuretics and hydrogogue cathartics that can be used in the disease, as it causes not only marked diminution of the anasarca, but also decrease of the albumen and casts. He claims for it certain advantages: 1. A small quantity only is necessary to produce diuresis, emesis, or catharsis; 2. It has an agreeable aromatic taste; 3. It has tonic properties; 4. Its harmless, free emesis resulting on an overdose. While many of these claims seem rather strained, still there appears to be but little doubt that the remedy is of much value in ascites, anasarca, and allied conditions.—*Chicago Med. Review.*

**Poisoning by Arsenical Wall-paper.**—Dr. H. Donkin, in the British Med. Journal, communicates the following short account of symptoms due to poisoning by an arsenical wall-paper which has a double interest, first from the nature of the symptoms, and secondly from the generally assumed unsuspecting appearance of the poisoned paper:

A lady, whose health is generally of the best, complained of giddiness, severe headaches, especially on rising in the morning, constant drowsiness and lassitude, and a quite unwonted loss of all energy. The giddiness was so marked as frequently to make her feel as though about to fall. There was no other complaint made, and no discoverable derangement of the digestive or other system. She thought herself that her symptoms were due to cold and fatigue, and that she would soon recover by a temporary change of air. But I was struck with the fact that these symptoms dated as far back as the end January, the time of my seeing her being toward the end of March. Previously to the end of January she had been in perfect health, with the exception of a "cold." And she was one of those who are not given to making vague or exaggerated complaints. The date moreover of the first definite notice being taken of these symptoms was about six weeks after entering a newly-decorated house. Being impressed with the account of these complaints, and going over in my mind the various possible local causes of them—such as drains, food, bad ventilation, etc.—and finding no satisfactory explanation, I came at last to the wall-papers. The color of the paper of the sitting-room in general use was one of the dull "esthetic" greens now in vogue; that of the bed-room a light blue-and-white. Bearing in mind a former case with strikingly similar symptoms, of an entirely nervous character, which I had found to be due to an arsenical paper, and published in the Journal of November 4th, 1876 (to which I would refer those interested in the subject), I determined to have the papers examined. My colleague, Dr. Dupré, again very kindly tested them for me, and found the blue-and-white bed-room paper to be highly arsenical, while the green paper of the sitting-room contained but very slight traces. The bed-room paper was at once taken down, and the symptoms promptly disappeared. On subsequent inquiry I found that this lady had suffered from some slight smarting pain in the eyes, but had forgotten to mention this to me, believing it was due to overuse; and that she had also noticed a constant "curious" taste upon putting the tongue to the lips. Her husband, I afterward learned had recently complained of unwonted drowsiness and slight sore throat, but these symptoms were not much remarked at the time and had not lasted so long as his wife's. Although experts are aware that it is not only green papers that are arsenical, yet even the educated public are still in great ignorance on the matter. The dangerous nature therefore of some of these harmless-looking papers, and the somewhat scantily recognized character of the nervous symptoms recorded, appear to give sufficient excuse for making this case public.

**Treatment of Orchitis.**—Dr. Sabadini, of Constantinople, following the plan of treatment advocated by Dr. Bourdeaux (*Gaz. des Hôp.*), applied an ointment composed of one part of iodoform and ten parts of vaseline with success in a case of gonorrheal orchitis. The pain rapidly ceased, and the swelling disappeared in eight days.—*London Med. Record.*



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J. W. HOLLAND, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M.D., . . . Managing Editor.

## SWEETS FROM CORN.

In our day part of Samson's riddle might have a new answer. "Out of the strong came forth sweetness" finds a solution in the production of honey and syrups from the strong staff of our western life, the Indian corn.

The daily papers have more than once of late sent thrills of alarm over the country with statements of extensive adulteration of the eatables that should get their savor from the sugar-cane. Not content with improving on the Indian's manipulation of the grain of maize by giving it the delightful form of the corn dodger and the hoe-cake, we next perverted it to unholy uses by distilling its fermented juice, and now still further show the corrupting influences of civilization by making from it candies, sugar, and syrups to deceive the sweet tooth of the race. In ten years a colossal industry has been developed, and by sharp practice its products have been palmed off on the unsuspecting public as veritable cane sugar and the honey of flowers.

A new conquest over nature gives one a sense of expansion which in this case is qualified by the knowledge that man is himself imposed upon by the sham names that unscrupulous dealers employ.

To restore matters to their proper balance, and in the interest of public health, a clamor has already been made for legislation against the false pretenses of the sugar-

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trade. Prof. Wiley, in the Popular Science Monthly, quotes figures of amazing size in regard to this industry. From this entirely trustworthy source we learn that in twenty huge factories a capital of two million dollars is invested, consuming daily thirty-five thousand bushels of corn. The demand for artificial glucose created by its many uses has grown to such proportions in twelve years that eleven million bushels of corn per year, converted in factories run night and day, without rest even on the Sabbath, fail to satisfy it.

It is not unlikely that some of this product is taken daily by every reader of this article, and yet but few are sharp enough to detect it in the guises it wears.

Dealers apply the word *glucose* to the thick syrup made from corn starch, while for the solid product the term *grape sugar* is used. Glucose is supplied to bees, who gorge themselves with it, and then render to the hive wonderful quantities of poor honey. More busy than this prototype of busy insects is the maker of commercial honey, who by machinery molds the comb from paraffin, and fills it with a clear glucose less sweet than beautiful, which can be profitably sold as honey at one half the price of the genuine article. "Taffy" and cheap candies, "golden drip," and other lucent syrups are composed of glucose with a little cane sugar for tinting.

Beer is yearly more and more estranged from barley malt, its reputed source, as the brewers learn how to use the cheaper glucose.

Grape sugar costs less than half as much



as cane sugar, and herein lies a temptation that dealers find too strong to resist. Less sweet than cane sugar, and leaving a bitter "farewell," it must be mixed with a considerable quantity of the genuine or it will not escape detection. Under the microscope the particles are not crystalline, like cane sugar. The old-fashioned article is made of perfectly-formed transparent crystals looking like rock-candy; a sample made by the new process contains opaque grains resembling tallow.

The process of conversion is based on the power of sulphuric acid to hydrate starch and alter its molecular arrangement without directly combining with it. The soaked corn is ground in a stream of water, which washes the starch through bolting-cloth. By the action of caustic soda the gluten is separated. The residue of soda is washed away and the starch is treated with sulphuric acid, and steam allowed to bubble through the mixture for two hours. The acid, which is unchanged, is neutralized by marble dust, and the liquid filtered through animal charcoal, to be concentrated in a vacuum-pan.

At first blush one revolts at the thought of these complicated processes and their sophisticated product, and assumes that injury to health must attend the taking of glucose. In truth, however, there is no evidence that a pure glucose is unwholesome, though, like every sweet, it has its sour. According to Prof. Wiley, a properly-made glucose contains only a little sulphuric acid and lime, not much more than good spring-water, and perhaps a trace of copper in a large quantity of the substance. He does not dispute the fact that glucoses have been sold which contain large amounts of free sulphuric acid due to careless manufacture, though he personally has not met with any of this kind.

At the last Paris Exposition it was proposed to enlighten the nations of Europe on the capabilities of Indian corn by a bill of fare every dish of which should be composed of or contain corn meal. We can astonish the world at the next fair with an exhibit of corn-fed bees, corn honey, corn

beer, corn syrups, sugar, and candy, in addition to the corn whisky, corn-fed hogs and cattle, and corn dodger not unknown to fame.

The poet whose epic rage is inspired by our national greatness can find in the corn a theme that easily fits his measures as—

That chief ingredient in our western diet  
Whose facile genius can make the staff of life  
Sweeten our cup and cheer the sinking spirits.

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THE CINCINNATI SANITARIUM.—There is a sentiment more or less warranted by facts that insane patients receive more personal consideration and better medical attention at private hospitals than at the State asylums. If the signs of the times do not deceive, by increasing wealth our people can better than ever afford to indulge their sacred feeling and pay the extra expense required to house and treat the insane at these retreats.

In this section of the country the Cincinnati Sanitarium has long enjoyed an enviable reputation. Friends of patients can rely on securing there all that medical skill and wholesome surroundings can do for the comfort and care of these unfortunates.

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DR. W. O. ROBERTS, well known to old classes of the University of Louisville as demonstrator of anatomy and surgery, has been appointed adjunct professor of surgery in that institution. His long experience as a teacher of medical classes will now be made available in this larger field.

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THE tonsillotomy question is virtually settled by Dr. Brandeis's communication. His eminence as a throat-specialist gives great weight to an opinion which will be gladly hailed by several apprehensive bachelors of our acquaintance.

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DURING the week ending June 4th small-pox caused one hundred deaths in London.



## Original.

### CARBUNCLE—ITS TREATMENT.

BY J. B. RICHARDSON, M.D.

"Early impressions are the most lasting" applies as forcibly to instructions in surgery as to any department of acquired knowledge. The treatment (local) of anthrax in my student-days was that of free (crucial) incisions as early as the correct diagnosis could be made, "the knife being passed freely through the tissues to the base of the inflammatory effusion, the object of which is to give room for the slough to separate and come away;" then poultice, and at the earliest moment dissect away all the slough as it formed. With such emphasis was this "crucial-incision treatment" dwelt upon by all teachers of this department of our art that it required a degree of temerity on the part of any one to deviate from this injunction.

Free incisions at times of necessity implied the useless infringement upon or passage through by your knife of tissues which were never to become involved in the destructive or breaking-down process; whose circulation and nerve-supply, as well as that of contiguous parts, were seriously jeopardized by this practice; also a loss of blood, which could not well be spared by some of the "run-down" patients.

This treatment, I have reason to believe, still generally prevails. The "caustic" treatment has some adherents, among the number an excellent and late writer, Mr. Bryant.

For several years past I have greatly departed from my early instructions upon this point; and, as I believe, not only thereby rendering the treatment less painful, but shortening the duration of the existence of the affection, and in addition saving tissues which under the old method would inevitably be destroyed.

Sidney Ringer (*Handbook of Therapeutics*) asserts, "Belladonna applied over abscesses and carbuncles reduces inflammation and allays pain." He advises its employment in any stage of inflammation, as "it will often arrest the progress of an abscess otherwise almost certain to mature." Even when it fails to prevent suppuration "it will reduce inflammation, subdue much of the pain, and greatly limit the inevitable abscess."

As regards the use of poultices in these cases, my experience will not allow me to

indorse their employment; for I am convinced they not only cause the formation of boils around the seat of the carbuncle, but produce an extension of the destruction of both integument and underlying tissues. I therefore never employ them.

When first seen, and recognized to be a carbuncle in its formative stage, make a small opening with a sharp-pointed bistoury in the center of the swollen and inflamed structures just large enough to allow the easy introduction of the nozzle of a hypodermic syringe, which has been previously charged with a fifty-per-cent solution of carbolic acid in oil or water, and after passing it a short distance into the central-forming slough, press the piston sufficiently to expel a drop or two of the contents of the syringe; retract and deflect the point of the syringe as you reintroduce, and repeat this until you have insinuated the solution into a considerable area of the interior of the commencing carbuncle. This done, with gentleness and patience rub into the overlying skin, upon and for a considerable distance around the forming anthrax, equal parts of extract belladonna and glycerin (Price's), finally applying a piece of lint well smeared with the same solution to the parts, strapping it in its proper place with gum-plaster, and over all this dressing a well-worn, soft silk handkerchief (folded). This external dressing should be repeated twice or oftener daily, with the double object of cleanliness and to get the supplying vessels impressed physiologically by the belladonna externally applied. As soon as the point of destruction of the integument is sufficiently large—or you are able to enlarge it by use of scissors or forceps and not cause great pain or hemorrhage—a piece of lint saturated in a fifty-per-cent carbolicized-oil solution should be gently but firmly introduced into the opening and, by spreading it out, be made to come in contact with the bottom of the inner surface of the carbuncle. This application causes at first some pain, but it will be short-lived, the patient soon appreciating the anesthetic effect of the carbolic acid. Upon the first piece of lint place a second piece (dry), and cover all with a third larger piece (three inches square), the inner surface of which has had a good coating of the belladonna-and-glycerin solution applied to it, securing the last with strips of plaster as before mentioned. At each succeeding dressing, as slough forms or breaks down into pus, remove carefully with forceps and scissors as much as you can, causing no bleed-



ing, and as you approach the healthier parts beneath lessen the strength of carbolized oil or watery solution of acid you employ until you dilute to five grains to the ounce; finally, discarding altogether the acid solution, substitute for it either lukewarm water as a dressing, or, if indicated, a weak astringent solution. The carbolic acid has the effect of stimulating the circulation of the parts involved in the diseased action with which it is brought in contact, thus enabling them to repel this tendency to slough. It acts as a local anesthetic, together with the external application of the belladonna, removes to a great extent the usual necessity for the internal administration of sedatives to obtain sleep, and lessen pain. The glycerin and oil exclude the atmospherical air, thereby partly removing one necessary factor to the production of decomposition. The antiseptic and antiputrefactive quality of the acid reduces the danger of pyemic symptoms as a resulting complication to a minimum.

I would have no trouble in citing several cases which started out to all appearances for a six or eight weeks tour. Under the above mode of treatment, patiently carried out, sloughing and suppuration ceased, and healthy granulation began in from eight to twelve days.

As regards systemic treatment, if any of the functions are slothful, reestablish them. From the beginning give from one-twentieth- to one-tenth-grain doses of calcium sulphide, as advised by Ringer, continuing its use until healthy action takes place in the local trouble, and follow this when the symptoms of fever disappear with full doses of tinct. ferri. chlorid, *ter diem*. I can from experience indorse the assertion of Ringer, "In carbuncles the sulphides will generally be found serviceable, melting, as it were, the core into healthy pus, and so quickly expelling the dead and otherwise slow-separating tissue." They also break up the tendency to formation of boils or abscesses (cervical and others) in children of a scrofulous habit.

LOUISVILLE.

## Correspondence.

### TONSILLOTOMY VS. VIRILITY.

*Editors Louisville Medical News:*

In your issue of May 21, 1881, I find an extract from a lecture delivered by Dr. Penrose, with the caption, "Does Excision of the Tonsils in a Male Infant Destroy Virility?"

Now sir, although my individual experience in the matter of tonsillotomy does not extend over a longer period than ten years, I think that I may answer your query in the negative, and for the following reasons:

1. The operation for the removal of hypertrophied tonsils is recommended by every writer on diseases of the throat. Among these I would only mention MacKenzie, Cohen, and Browne. The experience of the two former extends, as I know, over a period of more than twenty years, in which time they certainly would have observed any counter-indication, did such exist.

2. The theory that removal of the tonsils interferes with the development of the genital organs was advanced some years ago by the late Mr. Harvey, a distinguished English aural surgeon, who was renowned for the exuberance of his imagination. Since that time no one—and I have taken trouble to examine the literature on the subject—has indorsed this statement. On the contrary Chassaignac, the distinguished French surgeon, has pointed out that while hypertrophy of the tonsils tends to arrest sexual development, their removal favors it.

3. When I saw the original report of Prof. Penrose's lecture in the Med. Gazette, about three months ago, I determined to satisfy myself as to the truth or falsity of the assertion by closely questioning every adult, male or female, in whom the operation had been done during infancy, that came to me professionally. So far I have found, in hospital and private practice, eleven cases. Of these, three were females; and as the query merely relates to male infants, I need hardly record their answers. No. 1, Mr. W. F. S., aged forty-two: Both tonsils were removed by Prof. Valentine Mott, when he was about four years of age. Has been married sixteen years, and has seven living children. No. 2, Mr. L. LeG. L., aged thirty-two: The left tonsil was removed when about three years of age, the right when at college, in his seventeenth year. Has been married seven years. Has two living children, and lost two from diphtheria. No. 3, Mr. W. S., aged twenty-seven years: Had both tonsils removed, when about three years of age, by the late Dr. Krackowitzer, during an attack of pharyngeal diphtheria. Has been married three years. Has one living child and wife is now pregnant. No. 4, Mr. F. G. B., aged twenty-six: Had the right tonsil removed during early infancy; can not give the date. Is not married, but asserts positively that his sexual powers are as they



should be. No. 5, Mr. E. N., aged thirty-nine: Had the left tonsil excised when he was about three years of age, by Prof. Langenbeck, of Berlin. The left was removed by Dr. Fränkel, of the same city, about ten years ago. Has been married eight years, and has four healthy children. No. 6, Mr. E. W. D., aged twenty-nine: In infancy and early age was very scrofulous. Had both tonsils removed by Prof. Willard Parker, when about five years of age. Has been married five years and has had three children. No. 7, Mr. H. F. P., aged twenty-six: Had both tonsils removed when two or three years of age by a country doctor, and three years later they were again ablated by Prof. S. D. Gross. Has been married eighteen months. Has one child living, and wife is again pregnant. No. 8, Mr. V. B., thirty-seven years of age: Had the left tonsil removed in early infancy; the date not given. The right was excised when about ten years of age. Has been married twice. By first wife had three children within six years; by second wife, with whom he has been married four years, has two children. Of the three women whom I have questioned, two are married and both have had several children; going to prove that the operation of tonsillotomy does not tend to impair the generative functions in the female.

I think the above reports, limited as they are in number, ought to satisfy every one that ablation of the tonsils does not impair procreative powers; or, if so, only in very few instances, and then the disturbance may as well be due to other causes. Were it not that we are already so often forced to combat prejudice and dispel illusions when the operation of tonsillotomy is called for, I would hardly have felt myself justified in trespassing upon your time and space to such an extent.

RICHARD C. BRANDEIS, M.D.

NEW YORK, May 30, 1881.

*Editors Louisville Medical News:*

1. Have any cases come to your knowledge or observation of fetal deformities or "marks" attributable to mental impressions on the mother during pregnancy?

2. Have you any knowledge of cases tending to establish the doctrine of materno-fetal symmetry, bearing on ante-natal education?

Any information that will assist us in cultivating this field of study will be gratefully acknowledged.

F. J. BAKER, M.D.

LOCKPORT, N. Y.

*Editors Louisville Medical News:*

Will you be so kind as to publish Diehl's working-formula for making an emulsion of cod-liver oil?

L. A. EAST, M.D.

GREENVILLE, S. C.

[Mr. C. L. Diehl, pharmacist, has kindly furnished us with the formula as requested:

EMULSIONS OF COD-LIVER OIL, COMPOUND AND SIMPLE.

Cod-liver oil.....	$\frac{3}{4}$ iv;
Water .....	$\frac{3}{4}$ iij;
Gum arabic.....	$\frac{3}{4}$ ij.

(All by weight.)

Triturate the oil and gum together, then add the water and form an emulsion. Add to this—

Ess. peppermint.....	m xl;
Oil of bitter almonds.....	gtt. ij;
Comp. tinct. cardamom.....	fl. $\frac{3}{4}$ j;
Syrup of orange.....	fl. $\frac{3}{4}$ iij,

if the "compound" emulsion is desired; or,

Oil of wintergreen.....	gtt. xvj;
Simple syrup.....	fl. $\frac{3}{4}$ j;
Water.....	fl. $\frac{3}{4}$ iij,

if the "simple" emulsion is desired.]

## Medical Societies.

### AMERICAN MEDICAL ASSOCIATION.

#### OPERATIVE INTERFERENCE IN GUNSHOT-WOUNDS OF PERITONEUM.

[Paper read by Dr. Hunter McGuire, Richmond, chairman of the Section on Surgery.]

Statistics from the Crimean, the French, and the late civil war in America show that more than nine out of every ten cases of wounds of the belly opening into the cavity of the peritoneum perish; no other gunshot-wounds being so deadly, not even penetrating and perforating wounds of the skull. In incised, punctured, and gunshot-wounds of the peritoneum the general plan of treatment has been to enjoin absolute rest, give opium to prevent peristaltic action, and encourage the formation of adhesions, in the idle hope of preventing extravasation into the peritoneal cavity. It is claimed that the wound may paralyze the muscular coat of the bowel; or in small wounds the mucous coat is everted and closes the aperture, or the part injured may not be covered with peritoneum and no extravasation take place within the peritoneal cavity, or that the serous membrane covering the intestine near the point wounded may become adherent to the omentum, to the bowel, or to the abdominal wall, and the orifice in the bowel may become permanently closed; and last, but very rarely, the extravasated mass may become encysted, end in abscess, and discharge itself through the neighboring skin or mucous surface.

Remember that the alimentary canal is never completely empty. Common sense teaches us that when an opening is made in any portion of the peritoneal cavity its contents will escape; that there will probably be less resistance to the passage of fecal matter through the unnatural aperture than along the sides



of the canal itself. Gas may first be expelled, separating peritoneal surfaces, then the fluid or solid contents of the bowel follow. Only one or two exceptions to this rule are reported in the history of the late war between the North and South. But besides alimentary effusion, blood, air, bile, and urine may also be extravasated into the peritoneal cavity. Penetrating wounds of the belly, with fecal effusion, are rapidly followed by general acute peritonitis. Ninety per cent die, and within forty-eight hours. Does peritonitis from any other cause, as a rule, kill as quick? In spite of the assertion of Malgaigne and others, that the organs contained in the belly fill the cavity to such repletion that shot-wounds of that space without visceral injury are impossible, post-mortem examinations and experiments upon dead bodies show that wounds of the peritoneum can be made without injury to the contained viscera. . . .

Those infrequent cases of recovery from penetrating wounds of the abdomen have induced surgeons to continue the expectant plan of treatment in place of what appears, at first sight, to be a desperate surgical interference. Some of the alleged recoveries may have been wounds of a portion of the large intestine not covered by peritoneum. Recovery, with fecal fistulæ, is not uncommon in this case. Others may have been penetrating wounds without visceral injury; others again may have been parietal wounds without peritoneal penetration. . . .

In all cases with visceral lesions the shock of injury is a prominent symptom. The presence or absence of shock seems to be a diagnostic point of no little value. If to this be added sudden meteorism, the character, extent, and direction of the wound, bloody discharges from the bowels and stomach, an almost certain diagnosis by rational symptoms will be reached. . . .

The writer attributes death to some kind of blood-poisoning connected with peritonitis, just as we often see septicemia associated with peritonitis under other circumstances, notably after parturition and ovariotomy. He believes that the blood-poisoning after gunshot-wounds of the peritoneum is consequent on the pent-up, red, sero-fibrinous exudation which traumatic peritonitis invariably produces in abundance, and that if this effusion could be drained off as soon as it is formed septicemia might be prevented. Lacerated wounds of the abdominal walls, with exposure of the cavity, protrusion of the contents, and the introduction of foreign matter into the cavity, are nothing like so mortal. In all these cases the nature of the wound prevents union by the first intention, and drainage of abdominal effusions is effected. . . .

Shot-wounds of the pelvis are nothing like so fatal as wounds of the peritoneum higher up. Unless accompanied by grave visceral lesion, three cases out of four of penetrating or perforating wounds of the pelvis recover. Can this fact be satisfactorily explained upon any other theory than that the drainage in these wounds is almost unavoidable? Indeed in these cases we are taught to explore the wounds with the finger, remove loose pieces of bone and foreign bodies, and keep the aperture of entrance and exit open, that free vent may be given to all inflammatory products; and if the size and position of the wound do not facilitate this, we make the opening bigger and insert a drainage tube. . . .

Ovariotomists even go so far as to wash out the cavity when peritonitis exists and death from septicemia is imminent. In many of the cases of penetrating wounds of the peritoneum the ball passes ob-

liquely through the abdominal wall and the aperture shuts up like a valve, or if passing directly through the parietes, the aperture of entrance contracts at once and closes. To all intents and purposes the cavity is hermetically sealed, and the missile, pieces of clothing, blood from wounded vessels, fecal effusion, if the intestine is wounded, and inflammatory products, are all hopelessly imprisoned there. Can it be wondered that such wounds are fatal? In no other gunshot-wounds of cavities do we allow the wound of entrance and exit to be closed. . . .

In view of these facts the writer ventures to advocate operative interference in gunshot penetrating wounds of the peritoneum with intestinal injury, in penetrating wounds of the peritoneum with any visceral lesion, and similar cases without visceral injury. The wounds in the abdominal walls should be enlarged, or the linea alba opened freely enough to allow a thorough inspection of the injured parts. Hemorrhage should be arrested. If intestinal wounds exist, they should be closed with animal ligatures, trimming their edges first if they are lacerated and ragged. Blood and all other extraneous matter should be carefully removed, and then provision made for drainage. If the wound of entrance is dependent, drainage may be secured by keeping this open. If the wound is a perforating one, and the aperture of exit dependent, the potency of this should be maintained, and, if necessary, a drainage-tube of glass or other material introduced. If there is no wound of exit, and the wound of entrance is not dependent, then a dependent counter-opening should be made and kept open with a drainage-tube. If it is urged that the means suggested are desperate, it can be said in reply that the evil is desperate enough to justify the means.—*Abstract from report in Va. Med. Monthly.*

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At the annual meeting of the Louisville Medico-Chirurgical Society, June 10, 1881, the following officers were elected to serve for the ensuing year:

*President.*—Dr. W. O. Roberts.

*Vice president.*—Dr. J. B. Marvin.

*Secretary and Treasurer.*—Dr. Jno. G. Cecil.

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THE Twenty-third Semi-annual Meeting of the Mitchell District Medical Society, of Indiana, will meet in the Court-house at Columbus, at 2 o'clock P.M., June 28, 1881. A very interesting and profitable meeting is anticipated.

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## Formulary.

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### DIPHTHERIA.

Dr. R. J. Nunn, of Savannah, Ga., in a paper before the American Medical Association, calls attention to the following formula as very useful for local application in diphtheria:

(No. 1.)

R Sulphur sub.....	gr. xlvij;	3.20 Gm.;
Acid. tannici.....	gr. xij;	0.72 “
Acid. salicylic.....	gr. j;	0.06 “
Pulv. potassium chlorat..	gr. xij;	0.72 “

M. Compound with great care, for the sulphur



and chlorate of potassium form an explosive compound when incautiously mixed.

Sig. Put a pinch of this powder on the back of the tongue every hour or two, and give a small piece of ice after each application.\*

(No. 2.)

R Sulphur..... gr. viij; 0.45 Gm.;  
 Acid. boric..... gr. iv; 0.24 "  
 Acid. tannic..... }  
 Acid. salicylic..... } āā gr. j; 0.06 "  
 Resorcin..... }

M. and apply as above.

(No. 3.)

R Sulphur. sub..... gr. viij; 0.50 Gm.;  
 Acid. boric..... gr. iv; 0.25 "  
 Acid. benzoic..... }  
 Acid. salicylic..... } āā gr. j; 0.06 "  
 Acid. tannic..... }  
 Resorcin..... }  
 Acid. tartaric..... } āā gr. iv; 0.25 "  
 Sodii chlorid..... }

M. and use as above. Dr. Nunn gives preference to this last formula.

Dr. J. McNeal, of Gettysburg, Pa., speaking to Dr. Nunn's paper, recommends the following:

R Potassii bromid..... ℥j; 4.00 Gm.;  
 Potassii chlorat..... ℥ij; 8.00 "  
 Acid. carbolic..... ℥xx; 1.33 fl.Gm.;  
 Aquæ..... Oj; 500.00 "

Sig. Use in an inhaler.

For external application he employs—

Chloroform..... fl.℥ij; 8.00 Gm.;  
 Lin. saponis..... ℥j; 30.00 "

M. Sig. For external use.

Dr. F. E. Hitchcock, of Portland, Maine, advised equal parts of sulphurous acid and water for atomization. The proportion can be varied and the acid used as a gargle.

#### HEADACHE OF DYSPEPSIA.

If the headache is accompanied with atonic dyspepsia, and there is a clean tongue with weight and oppression of the epigastrium, nitro-muriatic acid will be found serviceable before meals or three times per day. Dr. Day recommends the following formula in his work On Headache:

R Tinct. nuc. vom..... } āā ℥j; 4.00 fl.Gm.;  
 Acid. nitr. dil..... }  
 Acid. hydrochl. dil..... ℥ij; 8.00 "  
 Tinct. aurant..... ℥vj; 24.00 "  
 Aquæ puræ ad..... ℥vj; 180.00 "

Misce. A tablespoonful in a wineglassful of water three times a day.—*Med. Press and Circular.*

BILLROTH writes to a friend in London: "Four days ago I did another resection of the pylorus, and also burnt off a piece of the liver with Paquelin's cautery. This piece of liver was inseparably adherent to the carcinoma. So far all goes on well."

\*Dr. J. P. Thomas, of Pembroke, Ky., in a paper published in the News of February 12, gives a formula consisting of equal parts of potassium chlorate and sulphur, which he has used in diphtheria with success.

## Pharmaceutical.

A SUBSTITUTE FOR COD-LIVER OIL.—It is claimed by The Nature that the oil of oolachen, or candle-fish, possesses all the medicinal qualities of cod-liver oil. The fish is about as large as a herring, and, like the salmon, ascends the rivers once a year to spawn. At this time it is caught by the Indians, who esteem it a great delicacy. It is met with upon the coasts of Vancouver's Island and British Columbia, and in the bays between the Frazer and Skuna rivers.

The oil is said to hold a high reputation in this country, and it has recently been introduced into England, where it will probably take "a prominent place as an important medicine."

This suggests the thought that perhaps any edible fish that is inclined to take on fat would prove useful as a dietetic in struma and tuberculosis. We have often noticed under the skin of the whitefish of our northern lakes a layer of fat an inch thick, which when cooked was grateful to the palate and easy of digestion. Have any of our physicians on the lake-coast ever tried the experiment of treating their consumptive cases with a full allowance of this diet? If so, reports are in order.

NOW THAT the father of antiseptic surgery has placed carbolic acid under ban, and recommended eucalyptus as an efficient substitute for it, we would advise physicians to give Listerine a trial. Eucalyptus is one of its constituents; and the preparation, being a perfect solution, is presented in a form most convenient for general use.

## Miscellany.

DEATH IN THE SPRAY.—In the transactions of the Clinical Society of London, of May 13, is to be found the report of a case of rapid death following an osteotomy of the tibia performed under the usual Listerian restrictions. The patient was a lad, eight years old, operated on for a bad rickety deformity of the left tibia. The operation was performed at 2 o'clock P.M., October 27, 1880. The boy appeared to pass through the ordeal without trouble. He slept through the following night and ate a light breakfast the next morning. At 11 o'clock this day vomiting and diarrhea came on and



continued through the afternoon and evening, when collapse set in, and spite of vigorous treatment he died in just thirty-six and three quarter hours after the operation.

Mr. Gould, who reported the case, saw him five hours before death. At that time the patient was conscious, trunk blanched, lower extremities warm, pupils small, pulse hardly perceptible and very rapid, respirations forty-four but unimpeded. There was total suppression of urine, but the vomited matters were abundant and watery. Mr. Gould said that the clinical and pathological features (as shown by the autopsy) of the case were such as to exclude, as the cause of death, shock, anesthesia, the acute specific diseases, erysipelas, pyemia, and fat embolism; but that they pointed to the presence of some intense irritant in the blood. As the ingestion of any irritant substance was excluded, and as the symptoms and post-mortem features of the case (except urinary suppression not before noticed in similar cases) were such, with slight variation, as those admitted to be characteristic of carbolic-acid poisoning, Mr. Gould maintained that this was a case of carbolic intoxication. The amount of poison absorbed was of course small, but sufficient in a delicate subject like this to produce the symptoms described.

Prof. Lister, who presided at the meeting, agreed in the conclusion of Mr. Gould, and gave an instance of a lady in whom a carbolic dressing had produced vomiting which did not cease until the carbolic acid was removed and a boracic dressing used in place of it; the vomiting recurring four days afterward when an attempt was made to reapply the dressing under the carbolic spray.

Prof. Lister believes that carbolic acid is too powerful an agent to be safely applied to delicate subjects; but alleges that he has found a perfect non-poisonous substitute for it in the oil of eucalyptus. This oil, which at first seemed to be too volatile for practical use, he finds can be fixed by dammar gum; and as a preparation for the coating of gauze he recommends the following:

Oil eucalyptus.....	1 part;
Paraffin .....	3 parts;
Dammar gum.....	3 parts.

The Medical Press and Circular is very enthusiastic in its praise of this discovery, and calls it the starting-point of a new era in modern surgery. It says, "How anxiously the discovery had been awaited they know who have watched with expectant dread the case which will do well, unless the

constitution is susceptible. The abolition of this unspoken dread is another laurel in the wreath of Mr. Lister's triumphs."

Then the cry with the surgeon in future will not be "Away with the spray!" but, away with carbolic acid; bring in the eucalyptus!

TONSILLOTOMY VS. VIRILITY. — Dr. W. J. Craigen thus writes to the Medical Gazette: I think Dr. Penrose is wrong in theory and fact in reference to incisions of the tonsils impairing or destroying the virility of the male. About twenty-five years ago, when at the age of eighteen years, a surgeon took two large slices from each of mine at one sitting. They grew again to some extent, and I was subsequently often troubled with quinsy till I learned how to prevent it. Of late I have begun to wish it had impaired my virility, when I look at the large and small children running about my house.

[The original statement was made concerning persons whose tonsils were ablated in infancy, and had reference to the development of the power. Tonsillotomy at the age of eighteen years could not be admitted as direct evidence on the question.]

SALICYLIC ACID, with some of its applications, formed the subject of a paper read before the French Academy of Sciences, on May 2d, by M. Schlumberger. Among other things it is stated that the acid is given in certain places to animals in daily doses as a preventive against contagious diseases. To preserve beer it is introduced twice, the first being sufficient only to act upon the lactic fermentation, but not on that of the yeast, and the second in quantity sufficient to arrest the alcoholic fermentation before it degenerates into the acetic stage. The two doses together do not amount to more than 0.05 grain per liter of the beer. It is estimated by the author that five million hectoliters of wine were salicylicized in France last year.—*Oil and Drug News*.

THE medical registration law of New Brunswick just enacted requires of a practitioner that when he shall register he shall give proof of having attended three full courses of medical lectures.

ACCORDING to the Mississippi Valley Medical Monthly, the Waring system of sewerage lately adopted at Memphis does all that was claimed for it, and those who have seen most of it are loudest in its praise.



DR. HOLMES ON A STRANGE DISEASE—A WITTY LETTER READ AT THE ANNIVERSARY MEETING OF THE MEDICAL SOCIETY AT BOSTON—DIAGNOSIS OF THE SINGULAR CASE OF MARY CHASE.—The following is clipped from a daily exchange, the Louisville Commercial:

At the celebration in Boston, last Wednesday, of the centennial anniversary of the Massachusetts Medical Society, the Rev. Dr. Geo. E. Ellis, on being called upon after the dinner, delivered an address, in the course of which he said that at Roxbury, on the church records of the revered old Indian apostle and pastor, John Eliot, he had found this entry under date of 1632:

Mary Chase, the wife of William Chase, had a paralytic humor wh. fell into her backbone, so that she could not stir her body but as she was lifted, and filled her with great torture, & caused her back to goe out of joynt, & bunch out from ye beginning to the end; of wh. infirmity she lay 4 years & a half, & a great part of the time a sad spectacle of misery. But it pleased God to raise her again, & she bore children after it.

Dr. Ellis said that he had submitted this case professionally to Dr. Oliver Wendell Holmes, from whom he had received the following letter in reply, which he read:

MY DEAR DR. ELLIS: A consultation without seeing the patient is like a murder-trial without the *corpus delicti* being in evidence. You remember the story of Mr. Jeremiah Mason and the witness who had had a vision in which the angel Gabriel informed him of some important facts: "Subpena the Angel Gabriel." So I should say, carry us to the bedside of Mary Chase; but she has been under the green bedclothes so long that I am afraid she would be hard to wake up.

We must guess as well as we can under the circumstances. The question is whether she had angular curvature, lateral curvature, or no curvature at all. If the first—angular curvature—you must consult such authorities as Bryan, Dewitt, and the rest. If you are not satisfied with these modern writers, all I have to say is, as I have said before when asked whom to consult in such cases, Go to *Pott*, to Percival Pott, the famous surgeon of the last century, from whom this affection has received the name by which it is still well known, of "Pott's disease;" for if a doctor has the luck to find out a new malady it is tied to his name like a tin kettle to a dog's tail, and he goes clattering down the highway of fame to posterity with his æolian attachment following at his heels.

As for lateral curvature, if that had existed, it seems as if the Apostle Eliot would have said she bulged sideways, or something like that, instead of saying the backbone bunched out from beginning to end. Besides, I doubt if lateral curvature is apt to cause paralysis. Crooked backs are every where, as tailors and dressmakers know, and nobody expects to be palsied because one shoulder is higher than the other—as Alexander the Great's was, and Alexander Pope's also.

I doubt whether Mary Chase had any real curvature at all. Her case looks to me like one of those

mimoses, as Marshall Hall called certain forms of hysteria which imitate different diseases, among the rest paralysis. The body of an hysterical patient will take on the look of all sorts of more serious affections. As for mental and moral manifestations, an hysterical girl will lie so that Sapphira would blush for her, and she could give lessons to a professional pick-pocket in the art of stealing. Hysteria might well be described as possession—possession by seven devils, except that this number is quite insufficient to account for all the pranks played by the subjects of this extraordinary malady.

I do not want to say any thing against Mary Chase, but I suspect that, getting nervous and tired and hysterical, she got into bed, which she found rather agreeable after too much housework and perhaps too much going to meeting, liked it better and better, curled herself up into a bunch which made her look as if her back was really distorted, found she was cosseted and posseted and prayed over and made of, and so lay quiet until a false paralysis caught hold of her legs and held her there. If some one had "hollered" fire, it is not unlikely that she would have jumped out of bed, as many other paralytics have done under such circumstances. She could have moved, probably enough, if any one could have made her believe that she had the power of doing it. *Possumus quia posse videmur*. She had played *possum* so long that at last it became *non possum*.

Yours very truly,

O. W. HOLMES, M.D.

No. 296 BEACON ST., June 3, 1881.

CHLOROFORM AND CHLORAL HYDRATE IN COD-LIVER OIL.—Dr. Hager states that the addition of ten drops of chloroform in one hundred grams of cod-liver oil renders it perfectly agreeable and palatable to take, without in the slightest degree impairing its therapeutical value; or ten grams crystallized pure chloral hydrate, dissolved by digestion in a sand bath in two hundred grams of cod-liver oil, renders the oil more palatable. The latter is recommended in consumption. It diminishes night-sweats, produces sound sleep, and improves the appetite. The dose is from four to six table-spoonfuls daily.

QUEBRACHO.—According to a correspondent of the Chicago Med. Review, quebracho is now being tried in Bellevue Hospital. It is given in the alcoholic fluid extract of the bark in doses of from twenty minims to one dram. It has been given with perfect success in chronic bronchitis with emphysema and asthma, and in the dyspnea accompanying chronic nephritis and aneurism of the arch of the aorta. In the oppressed breathing of mitral regurgitation it speedily relieved the distressing symptoms. It may be given every three, four, or six hours. Quebracho has not been found so useful in the dyspnea of pneumonia and chronic phthisis.



FOUR TESTICLES.—Dr. Cebeira (*Revista de Catalima*) reports that a soldier coming under his care for venereal disease presented the strange anomaly of four testicles. The scrotum had two distinct sacs, in each of which were found two testicles. The supernumerary testicle of either side was smaller and situated above the normal organ.

[This case would seem to clear up the mystery of the existence of the *vasculum aberrans*, and serves to strengthen the belief (which the propensities of too many of his descendants have led us to entertain) that the ancient progenitor of man must have been possessed of sublime sexual endowments.]

ARTIFICIAL QUININE.—According to Prof. Chandler, of New York, chemists can now make a substance chemically identical with quinine, and possessing the most valuable of its medical qualities in a higher degree than natural quinine. According to delicate tests it is not quinine yet, but it answers all the purposes of that drug. The production of quinine not to be distinguished from that furnished from the bark is only a matter of time. The artificial quinine is far cheaper than that which we now have.

THE Massachusetts Supreme Court has decided that country doctors are not to be expected by courts to use as much skill and learning as their city brethren. He is required to know as much as ordinary practitioners of a similar locality, and a standard suited to the surgeon of a large city experience could not justly be applied to him.

THE death is announced of Dr. Greenville Dowell, Professor of Surgery in Texas Medical College. He was the author of a well-known work on yellow fever. Born in Virginia, 1826; died in Galveston, June 9, 1881, after five days' illness.

THE latest proposal for destroying the odor of iodoform is to add tinct. of musk, one drop to the ounce. Many persons have such a dislike to musk that to them it will suggest "driving out devils by Beelzebub, the prince of devils."

AS AN offset to the liberal abuse meted out to Dr. Quain by his professional brethren for consulting with Dr. Kidd, who was formerly a homeopath, he is to receive from the Queen, who ordered the consultation, the title of baronet.

## Selections.

Case of Croup Treated by Passing Catheters into the Trachea by the Mouth.—By J. Wilson Paton, M.D., M.R.C.S. (*British Med. Journal*):

In the *British Med. Journal* for July 24 and 31, 1880, are two papers by Dr. Macewen, on the Value of Tracheal Tubes introduced by the Mouth in Edema Glottidis, etc. The cases he records are all in adults. I am not aware that this treatment has been used in children, but its simplicity and advantages are so great that a few notes of a case of croup in which catheters were used may be interesting.

H. J., aged three years and ten months, had measles, the rash appearing on February 15, 1881. On the disappearance of the rash a hard cough supervened, which gradually increased in severity until March 1st. On that date I found him, at 1.30 A.M., suffering from intense dyspnea, quite unable to speak, and his lips of a dark livid color. His cough was constant, brassy, and without expectoration. The respirations were 35 per minute, the cartilages of the ribs and sternum being drawn in at every effort to breathe, and crepitation existing over both lungs. The fauces were healthy. The pulse was 144, very weak. Having a No. 11 prostatic catheter with me, I determined to pass it into the trachea instead of performing tracheotomy. Watching an opportunity, while the tongue was depressed with a spoon, the catheter, curved a little more than usual, was passed into the trachea during an attempted inspiration and without the slightest difficulty. A severe struggle followed, lasting perhaps a minute or two, the face becoming purple and the eyes staring with fully dilated pupils. The paroxysmal efforts to expel the tube being unsuccessful, a pretty full inspiration partly through the tube and partly through the larynx, followed; about two ounces of frothy, bloody, and purulent mucus were ejected by the tube and the mouth; the livid color disappeared, and he lay down breathing easily through the tube. The presence of the tube did not prevent his swallowing milk, though sometimes a little of this was ejected from it during a cough. The tube was retained *in situ* by a strip of plaster, and the teeth were prevented from closing on it by means of a pear-shaped piece of hard wood.

Six hours afterward he was much easier, and could say "Yes" and "No" distinctly. The cough continued at intervals of ten minutes, and did not seem altered in character by the presence of the tube. Crepitation still existed over both lungs, an abundant muco-purulent secretion passing both by the tube and the mouth. Hitherto he had been kept in a warm room, but now a bronchitis-kettle maintained a moist temperature of 70° F. The tube was removed without any inconvenience after it had been in the trachea for eleven hours, as he had bitten it, and no air was passing through it. Shortly after its removal symptoms of obstruction gradually reappeared. During the same evening another ordinary gum-elastic catheter No. 12 was introduced, a slight momentary struggle and cough supervening. The presence of the tube led again to a very free expectoration of mucus. In the course of a few hours the respirations and pulse became lower, and crepitation and dyspnea ceased. When the tube had been in for forty-eight hours and a half it was removed and not again introduced. On March 8th the voice and chest sounds were normal and he was not seen after the 10th.



This case was a severe one and would have soon ended fatally had no operation been performed. Tracheotomy seemed inadmissible, neither the case nor the surroundings being favorable for it. *Primâ facie*, it would be expected that the introduction of a tube into the trachea of a child against its will would not be so easy as in a consenting adult. That may be so; but it is certain that the operation is extremely easy and simple, and does not take more than two or three seconds from touching the tongue with the spoon till the tube is in the trachea. Had tracheotomy been performed successfully, when would the child have been out of danger? Certainly not so soon as here recorded; for at the end of the third day the child was so well as to be able to breathe freely without the tube, and was quite well before the tenth day after the operation.

**An Epidemic of Rotheln.**—An epidemic of rōtheln recently made its appearance in this vicinity. The cases have varied much in severity. In severe cases, of which the epidemic has presented quite a number, the eruption has been preceded for six or seven days by malaise, loss of appetite, headache, and illy-defined pains in the extremities. On the first day of the eruption, which was ushered in by a slight chill, the temperature reached 100.5° F. The eyes were watery and injected. The patient complained of a cough, and on examination a slightly erythematous condition of the fauces was found. The eruption was peculiar in many respects. On its first appearance it was papular, each papule being about half an inch in diameter, red in the center and fading in hue toward the circumference. Each papule presented a slight but distinct elevation above the surrounding tissue, and was separated from its neighbor by about half an inch of healthy skin. On pressing the papule a sensation was felt quite similar to that produced by small shot under the skin. These papules covered the body, face, and extremities. On the second day the papules became more abundant and approximated each other more, except on the face, where they were quite scattered. The intervening skin was congested and of bluish red tint, and the appearance of the skin much resembled its appearance in scarlatina. The temperature remained about 100° F., and the condition of the eyes and throat remained much the same. The disease chiefly attacked young children, and in no case were the patients older than thirty. The disease lasted three days after the appearances just described, ending in recovery in all cases. No glandular enlargements were observed, but attention was not specially directed to that point. The epidemic was not a very severe one, the most severe cases being those just described.—*L. A. Claussen, M.D., Beatrice, Nebraska, in Chicago Med. Review.*

**The Surgery of the Nerves.**—As occasion has offered, we have from time to time pointed out to our readers evidence of the awakening interest of surgeons in the operative treatment of injuries or diseases of the nervous system. Mr. Holmes has had recently under his care in St. George's Hospital a man who had complete paralysis of the musculo-spiral nerve, following on a wound of the arm received about five months ago. Mr. Holmes cut down upon the nerve, and found as he anticipated, that it had been divided; the upper end, as is usual in these cases, was enlarged, while the lower was atrophied. Being of opinion that the failures which have sometimes occurred after suture of a divided nerve might be due

to the strain put upon the nerve in bringing the two ends together when the bulbar enlargement is removed, Mr. Holmes contented himself with merely refreshing the two ends, and uniting them by catgut stitches. It is too early as yet to appraise the success of this operation, but we may say that we have had the opportunity of seeing in Mr. MacCormac's ward in St. Thomas's Hospital, a young man in whom the suturing of the two ends of a long-severed ulnar nerve has been followed by a most remarkable restitution of function. Full details of this case will, we believe, be laid before the profession at an early date. At St. George's Hospital, Mr. Bennett has stretched the great sciatic nerve in a case of well-marked locomotor ataxy, under the care of Dr. Cavafy. The nerve was grasped between the finger and thumb, and traction made upon the central part only, the operator believing that pulling upon the periphery could do no good, and might easily result in serious damage. We are glad to be able to state that the nerve-stretching performed by Mr. Marshall on a case of locomotor ataxy, under the care of Dr. Bastian, in University College Hospital, has been followed by so great a diminution in pain and discomfort, and so decided an improvement in motor power, that at the patient's earnest request the operation has been repeated upon the nerve of the other side. We hear that a patient under the care of Dr. Buzzard, at the National Hospital for Epilepsy and Paralysis, has been benefited by the stretching of the great sciatic nerve.—*British Med. Journal.*

**Destruction of the Chancre as an Abortive Measure in Syphilis.**—M. Henri Leloir, in a long and valuable paper (*Annales de Derm. et de Syphil.*), reviews and criticizes very fully the different experiments that have been made on the excision and destruction by other means of the initial lesion of syphilis with the view of preventing further development of the disease. The author also adds a very complete bibliography of the subject. The oft-quoted experiments of Auspitz, Unna, Kölliker, and others are noticed, and their weak points are well brought out; the result being to show how little evidence there is up to the present time that general syphilis can be prevented, or even rendered milder in its course, by the destruction of the initial manifestation. M. Leloir concludes his paper with a brief account of a personal interview which he had with Ricord on the subject. This portion of the paper is particularly interesting, as it gives M. Ricord's matured opinion, and shows how entirely he has abandoned his former conviction, viz. that the destruction of the primary sore within a short period of its existence could prevent the sequence of general syphilis. Ricord now says "that he has completely abandoned the practice of cauterizing or of excising infecting chancres; that he considers the destruction of the infecting chancre to be absolutely useless at any period; as soon as it appears, before its appearance even, syphilis exists. If the penis were amputated on the appearance of the infecting chancre, syphilis would none the less be produced."—*London Med. Record.*

**Phosphide of Zinc in Locomotor Ataxy.**—Two cases of ataxy are reported by Dr. Hastings Burroughs, of Paris, in which very great benefit was obtained by the use of phosphide of zinc. The drug was given in doses of one tenth of a grain per day, increased to half a grain per day.—*Med. Press and Circular.*



**Treatment of Abortion.**—Dr. Parvin, writing upon the treatment of abortion, states his belief that ergot is a hindrance rather than a help in securing complete evacuation of the uterus in early abortions. The tampon, however, especially if introduced into the cervical canal, assists to procure dilatation, and, while restraining the loss of blood, causes what little escape of blood takes place above it to aid in separating the ovum from its attachment to the uterus. So long as the ovum is entire (and its integrity should be scrupulously preserved) we may hope for its complete expulsion, and should usually abstain from active interference. When the sac is broken we should empty the uterus artificially, if, after removing a tampon that has been applied a few hours, the hemorrhage is at all profuse and the ovum is not expelled at once. This should be done with the finger; and instead of drawing the uterus down within reach of one finger, as recommended by Simpson, of Edinburgh, it is better to follow the practice of Mauriceau—introduce the hand into the vagina (under anesthesia), and use two fingers within the uterus, “as crabs do when they grip any thing with one of their forked claws.” When immediate evacuation of the uterus is demanded, on account of dangerous hemorrhage or an offensive discharge announcing the possibility of septicemia, there is a still better way to proceed: “Let the patient lie on her back on a hard bed, her hips brought to its edge, lower limbs strongly flexed; then introduce a Neugebauer speculum, and bring the os fairly in view. Now catch the anterior lip with a simple tenaculum, or, better, with Nott’s tenaculum-forceps; and then, if there be any flexion—and it is not uncommon in cases of spontaneous abortion to observe this—use gentle traction to straighten the bent canal; at any rate, fix the uterus by the instrument. Now take a pair of curved polypus-forceps of suitable size, or, better still, Emmet’s curette forceps, and gently introduce the closed blades into the uterine cavity, then open them slightly, close them and withdraw, when the fragments of membranes can be removed and the instrument reintroduced. Repeat this three or four times if necessary. The uterus should then be swabbed out with Churchill’s tincture of iodine by means of an applicator. Finally, ten or fifteen grains of quinine should be given, and it will be very rarely indeed that convalescence will not be prompt and perfect.—*Canada Lancet*.

**Thoracentesis in Children.**—Dr. J. L. Smith, in a paper in the Medical Record, speaks of the last resort in the treatment of pleurisy:

If the fluid does not disappear, the question of surgical interference arises, and the indications for it are the following:

1. Oppressed breathing due to the liquid present, whether it be sero-fibrinous, purulent, or hemorrhagic.

2. If there be flat percussion-note over the entire affected side, with displacement of the heart, even if there be no dyspnea, for the latter may occur suddenly.

3. Moderate effusion, without material decrease in quantity by absorption after some weeks of treatment. There is danger that catarrhal pneumonia terminating in cheesy pneumonia and tuberculosis may occur in portions of the compressed lung. Besides, the longer the lung is compressed the slower will it return to normal expansion after the pressure has been removed.

4. A moderate quantity of fluid coexisting with disease of the opposite lung, or of the lung of the affected side.

5. Extension of the inflammation to the pericardium. Pericarditis as an extension of the inflammation is not infrequent.

6. The existence of valvular lesion of the heart.

7. The presence of pus; empyema.

The operation of thoracentesis should be performed in the eighth intercostal space, on a line perpendicular with the angle of the scapula. The admission of air to the pleural cavity should be carefully avoided. The thickness of the thoracic wall is about half an inch; in emaciated children it is less. Introduction of the canula to the depth of *one inch* is sufficient to pass beyond the exudation and allow the liquid to flow through the canula. The sharp needle should not be used. Washing out the pleural cavity is unnecessary; it is injurious rather than beneficial, except in cases in which the pus is offensive. To empty the pleural cavity and approximate the pleural surfaces is the indication. Dr. Smith thinks there will be a reaction against the removal of a portion of the ribs in cases of empyema.

**Milk Diet in Diseases of the Heart.**—Dr. Potain read a paper lately on this subject before the Congress at Rheims. It has attracted considerable attention and has been published in several continental journals. We take the following summary from the *Journal de Thérapeutique*, 10th September, 1880: In order to obviate the disappointing results referred to by many who have tried this treatment in heart-diseases generally, the author would divide such affections into four groups: (1) Organic diseases of the heart. These, he says, are obviously quite unsuited for this treatment. Nor can it be of special value in (2) the various forms of nervous derangements of that organ. In (3) acute inflammation of the heart and its membranes this treatment, as in all acute inflammations, is worthy of consideration; but he does not think it of specific value, except possibly in hydro-pericardium, where it may be of some service as a diuretic. (4) This group includes simple hypertrophy of the heart (i. e. without valvular disease) of secondary origin. For this class of cases the treatment is peculiarly suitable. If the cardiac affection is dependent on renal disease (parenchymatous nephritis) we may expect the treatment to be very efficacious. Dilatation of the right heart dependent, as he believes it often is, on gastro-hepatic disorders (causing a reflex contraction and therefore increase of tension of the pulmonary vessels), is also likely to be benefited by milk diet, particularly if it is of gastric origin; but he considers it absolutely necessary that milk be exclusively given. He has had patients who were able for quite a good day’s work over a long period on that diet alone. It is essential, of course, that it should be digested and assimilated. In some cases it might be necessary to add a little pancreatine or other digestive ferment to aid its digestion.—*Glasgow Med. Journal*.

**New Method of Applying Croton Oil.**—A new method of applying croton oil to ringworm, etc. has been described by Dr. Ladreit de Lacharière. He uses a mixture of one hundred parts of croton oil with fifty parts of wax and fifty of cocoa butter, and makes it into sticks like cosmetic by the aid of a mold, so as to apply it with great accuracy both as to extent and depth.—*British Med. Journal*.